

## NOTICE OF MEETING

**COMMITTEE:** Aging & Disability Resource Center (ADRC) Committee  
**PLACE:** Aging & Disability Resource Center (ADRC), Balsam, 100 Keenan Street,  
Rhineland, WI  
**DATE:** Monday, November 24, 2025  
**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=QTq5ilD8wNtp2OFIwKYlu81dDhKnr5.1>

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 Hearing on Transportation 85.21 Grant
  
4. Public Comment/Communication
  
5. Approve Minutes From the October 27, 2025 Meeting
  
6. Northwoods Transit Connections Update
  
7. Staffing Update
  
8. Financial/Statistical Reports
  
9. Future Agenda Topics

10. Public Comment

11. Adjournment

**NOTICE OF POSTING**

TIME: 12:00 p.m.  
Board

DATE: November 19, 2025

PLACE: Courthouse Bulletin

TED CUSHING, CHAIRMAN

Notice posted by Dana Gray, Social Service Aide. Additional information on a specific agenda item may be obtained by contacting the person who posted this notice at 715-362-5695.

NEWS MEDIA NOTIFIED BY EMAIL

DATE: 11-19-2025

TIME 12:00 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










If you have more vehicles than can fit onto one sheet, please add a copy of this sheet.  
*\*Right click on tab, select **Move or Copy**, select **Vehicle Inventory**, check the box to **Create a copy**, click **OK**.*

## TRUST FUND SPENDING PLAN

**Allocation should be expended prior to any other funding sources to keep trust fund balances below allowable threshold.**

**Instructions:** Please record your plan on how your county will spend down their trust fund over the next three years. Be as specific as possible. Do NOT include 2025 purchases made with trust funds. Please contact WisDOT Program Manager(s) for pre-approval prior to any trust fund expenditure.

Expenditure Item <i>Please provide description of capital purchase. If more space is needed please use narrative box at bottom of page.</i>	Planned year of purchase (YYYY)	Amt of Trust Used for Project
<b>Total projected cost of 3-year plan</b>		<b>\$ -</b>

Estimated amount of state aid to be held in trust on 12/31/2025	<b>\$288,497.00</b>
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<i>Will auto calculate based on year entered above</i>		<i>Enter the amount of funds to be added for the next three years. If none, enter 0.</i>	
Spending plan for 2026 =	\$ -	Funds added for 2026 =	Estimated balance on 12/31/26 = <span style="float: right;">\$288,497.00</span>
Spending plan for 2027 =	\$ -	Funds added for 2027 =	Estimated balance on 12/31/27 = <span style="float: right;">\$288,497.00</span>
Spending plan for 2028 =	\$ -	Funds added for 2028 =	Estimated balance on 12/31/28 = <span style="float: right;">\$288,497.00</span>

**Date complete**

**Prepared by**

**Overflow Narrative for trust fund spending.** *(Hint: Use ALT and Enter to start a new paragraph.)*

Oneida Vilas Transit Commission continues to plan for a building and garage. They would like to be able to use our trust fund for their match.

# PROJECT 1 DESCRIPTION

***Allocation should be expended prior to any other funding sources to keep trust fund balances below allowable thresh***

**Instructions**

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
- Be sure to complete all applicable gray boxes .

Project Name

**Oneida Vilas Transit Commission**

Third Party Provider

Northwoods Transit Connections

Date contract last updated

Annually

**Type of Service**

*(Place an "x" next to the type of service you will be providing for this project.)*

Volunteer Driver

Voucher Program

Vehicle Purchase

Management Study

Planning Study

*Brief description  
of Study*

Other *(provide explanation)*

**Public Transit**

**General Project Summary** *(Provide a brief description of this project. Use ALT and Enter to start a new paragraph.)*

**Oneida Vilas Transit Commission (d/b/a Northwoods Transit Connections) provides transportation with the areas of the City of Rhinelander, the "Lakeland Area" (Minocqua, Woodruff, Arbor Vitae) and Eagle River Monday - Friday. There are routes connecting major towns/cities in Oneida and Vilas Counties.**

**Northwoods Transit Connections was created by the Vilas and Oneida County Aging Units to enhance transportation options for older adults and adults with disabilities using a portion of the §85.21 funding as a local match.**

**PROJECT DESCRIPTION, Continued**

**Geography of Service**

*(List the counties, as well as cities/areas that are serviced through this project. Use ALT and Enter to start a new line.)*


**Service Hours** *(Indicate your general hours of service for this project.)*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time		<b>7:00 AM</b>					
End Time		<b>5:00 PM</b>					

Additional description  
*(if applicable)*

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**Service Requests** *(Briefly describe how your service is requested for this project.)*

<p><b>The public may call to schedule a pickup or be at a pick up location.</b></p>
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**Passenger Eligibility** *(Briefly indicate passenger eligibility requirements for this project.)*

<p><b>Passengers may be of any age. Older adults and persons with disabilities qualify for a discounted rate.</b></p>
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**Passenger Revenue** *(Briefly describe passenger revenue requirements for this project.)*

<p><b>Oneida Vilas Transit Commission collects all fares. Fares for 2026 for BOTH Oneida and Vilas are budgeted at \$64,000.</b></p> <p><b>Seniors 60+/Persons with disabilities General Public</b></p> <p><b>Zone 1 Less than 5 mile radius \$2.00 \$3.25</b></p> <p><b>Zone 2 &gt; 5 - 15 mile radius \$2.75 \$3.75</b></p> <p><b>Zone 3 &gt; 15 - 22 mile radius \$4.00 \$5.75</b></p> <p><b>Zone 4 &gt; 22 - 38 mile radius \$3.75 \$7.25</b></p>
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# PROJECT BUDGET

Section Description

Amount

## Annual Expenditures

**\*When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals \$0.**

Enter the amount of **total** expenditures for this project.

Total Expenses **\$144,551.00**

*\*Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the **Annual Financial Report** that you will submit at the end of the calendar year.*

## Annual Revenue

Enter the amount for **each** funding source that will be used for this project.

A. \$85.21 funds from annual allocation	Total from A.	\$117,601.00
B. \$85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$26,950.00
D. Passenger Revenue	Total from D.	
E. Older American Act (OAA) funding	Total from E.	
F. \$5310 Operating or Mobility Management funds	Total from F.	
G. Other funds	Total from G.	\$0.00

*(Provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)*

1.		Total	
2.		Total	
3.		Total	
4.		Total	
5.		Total	
6.		Total	

Revenue Total **\$144,551.00**

**Expenditures should equal revenue**

**\$0.00**

old.

## PROJECT 2 DESCRIPTION

Allocation should be expended prior to any other funding sources to keep trust fund balances below allowable threshold.

**Instructions**

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
- Be sure to complete all applicable gray boxes.

Project Name

**Volunteer Escort**

Third Party Provider

Date contract last updated

**Type of Service**

*(Place an "x" next to the type of service you will be providing for this project.)*

Volunteer Driver	<b>x</b>	Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		Brief description of Study	
Other (provide explanation)			

**General Project Summary** *(Provide a brief description of this project. Use ALT and Enter to start a new paragraph.)*

**Volunteer drivers use their own vehicles to transport passengers not served by other transportation options.**

**Travel includes both in-county and out-of-county travel.**

**Drivers are reimbursed the IRS mileage rate for the entire distance from their home and back.**

**Priority is given for medical appointments. Other trips are provided as budget allows.**

**PROJECT DESCRIPTION, Continued**

**Geography of Service**

*(List the counties, as well as cities/areas that are serviced though this project. Use ALT and Enter to start a new line.)*

**Oneida County**

**Service Hours** *(Indicate your general hours of service for this project.)*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time		8:00 AM	8:00 AM	8:00 AM	8:00 AM	8:00 AM	
End Time		4:30 PM	4:30 PM	4:30 PM	4:30 PM	4:30 PM	

Additional description *(if applicable)* **Eligible passengers may request service by telephone or a visit to the Aging and Disability Resource Center of Oneida County. A 48-hour notice is required.**

**Service Requests** *(Briefly describe how your service is requested for this project.)*

**Eligible passengers may request service by telephone or a visit to the Aging and Disability Resource Center of Oneida County. A 48-hour notice is required.**

**Passenger Eligibility** *(Briefly indicate passenger eligibility requirements for this project.)*

**Elderly and Disabled passengers needing transportation for medical activities are given first priority. Volunteer transportation is offered to the general public as long as it would not displace an elderly or disabled passenger. Transportation to nutrition sites, errands, and work-related activities are referred to Oneida-Vilas Transit Commission first. If they are unable to accommodate the passenger, than we will try to assist in the transportation.**

**Passenger Revenue** *(Briefly describe passenger revenue requirements for this project.)*

**Passengers are asked to pay 1/3 the IRS mileage rate for miles 1-299, 2/3 the IRS mileage rate for miles 300-599, and full IRS mileage rate for miles 600+. Fees may be waived or modified where a hardship exists. Medicaid eligible persons are required to use their MCO or card services for transportation.**

# PROJECT BUDGET

Section Description	Amount
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## Annual Expenditures

**\*When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals \$0.**

Enter the amount of **total** expenditures for this project.

Total Expenses \$19,218.00

*\*Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the **Annual Financial Report** that you will submit at the end of the calendar year.*

## Annual Revenue

Enter the amount for **each** funding source that will be used for this project.

A. §85.21 funds from annual allocation	Total from A.	\$17,623.00
B. §85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$645.00
D. Passenger Revenue	Total from D.	\$950.00
E. Older American Act (OAA) funding	Total from E.	
F. §5310 Operating or Mobility Management funds	Total from F.	
G. Other funds	Total from G.	\$0.00

*(Provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)*

1.		
		Total <span style="border: 1px solid black; padding: 2px 10px;"></span>
2.		
		Total <span style="border: 1px solid black; padding: 2px 10px;"></span>
3.		
		Total <span style="border: 1px solid black; padding: 2px 10px;"></span>
4.		
		Total <span style="border: 1px solid black; padding: 2px 10px;"></span>
5.		
		Total <span style="border: 1px solid black; padding: 2px 10px;"></span>
6.		
		Total <span style="border: 1px solid black; padding: 2px 10px;"></span>

Revenue Total \$19,218.00

**Expenditures should equal revenue**

**\$0.00**

## PROJECT 3 DESCRIPTION

**Allocation should be expended prior to any other funding sources to keep trust fund balances below allowable threshold.**

**Instructions**

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
- Be sure to complete all applicable gray boxes. .

Project Name

**Purchased Wheelchair Transportation**

Third Party Provider

Date contract last updated

**Type of Service**

*(Place an "x" next to the type of service you will be providing for this project.)*

Volunteer Driver

Voucher Program

Vehicle Purchase

Management Study

Planning Study

*Brief description  
of Study*

Other *(provide explanation)*

**Purchase of wheelchair transportation for residents who cannot be served through escort program or Public Transit.**

**General Project Summary** *(Provide a brief description of this project. Use ALT and Enter to start a new paragraph.)*

**Provide for wheelchair transportation to individuals who cannot be served by volunteer escort transportation program because they use a wheelchair or cannot independently transfer. Riders cannot be eligible for Medicaid medical transportation.**

**PROJECT DESCRIPTION, Continued**

**Geography of Service**

*(List the counties, as well as cities/areas that are serviced through this project. Use ALT and Enter to start a new line.)*

**Oneida County**

**Service Hours** *(Indicate your general hours of service for this project.)*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time		<b>Based on need</b>					
End Time							

Additional description  
*(if applicable)*

**Wheelchair transport will be provided as needed and requested.**

**Service Requests** *(Briefly describe how your service is requested for this project.)*

**Passengers may request service by telephoning or stopping by the ADRC office. 48 hour notice is requested, but is not always required to provide transportation.**

**Passenger Eligibility** *(Briefly indicate passenger eligibility requirements for this project.)*

**Elderly and disabled passengers needing transportation for medical appointments. Income at or below 250% of FPL. Passenger uses a wheelchair and cannot independently transfer. Medicaid eligible persons must use NEMT program through Medicaid.**

**Passenger Revenue** *(Briefly describe passenger revenue requirements for this project.)*

**Passenger will pay Federal mileage rate for all miles driven.**

# PROJECT BUDGET

Section Description	Amount
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## Annual Expenditures

**\*When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals \$0.**

Enter the amount of **total** expenditures for this project.

Total Expenses \$500.00

*\*Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the **Annual Financial Report** that you will submit at the end of the calendar year.*

## Annual Revenue

Enter the amount for **each** funding source that will be used for this project.

A. \$85.21 funds from annual allocation	Total from A.	\$250.00
B. \$85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	
D. Passenger Revenue	Total from D.	\$250.00
E. Older American Act (OAA) funding	Total from E.	
F. \$5310 Operating or Mobility Management funds	Total from F.	
G. Other funds	Total from G.	\$0.00

*(Provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)*

1.		
		Total <span style="border: 1px solid black; padding: 2px 10px;"></span>
2.		
		Total <span style="border: 1px solid black; padding: 2px 10px;"></span>
3.		
		Total <span style="border: 1px solid black; padding: 2px 10px;"></span>
4.		
		Total <span style="border: 1px solid black; padding: 2px 10px;"></span>
5.		
		Total <span style="border: 1px solid black; padding: 2px 10px;"></span>
6.		
		Total <span style="border: 1px solid black; padding: 2px 10px;"></span>

Revenue Total \$500.00

**Expenditures should equal revenue**

**\$0**

## PROJECT 4 DESCRIPTION

**Allocation should be expended prior to any other funding sources to keep trust fund balances below allowable threshold.**

**Instructions**

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
- Be sure to complete all applicable gray boxes.

Project Name

**Cycling Without Age**

Third Party Provider

Cycling Without Age - Vilas Oneida

Date contract last updated

NA

**Type of Service**

*(Place an "x" next to the type of service you will be providing for this project.)*

Volunteer Driver		Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		Brief description of Study	
Other (provide explanation)	<b>Cycling Without Age</b>		

**General Project Summary** *(Provide a brief description of this project. Use ALT and Enter to start a new paragraph.)*

**Trishaws will be deployed to nursing homes and assisted living facilities to provide rides and outdoor recreation to residents. Volunteers and facility staff will be utilized to pilot the trishaws.**

**Special events will be held to bring the program to all older adults and persons with disabilities wishing to experience a ride in a trishaw.**

**PROJECT DESCRIPTION, Continued**

**Geography of Service**

*(List the counties, as well as cities/areas that are serviced through this project. Use ALT and Enter to start a new line.)*

**Oneida and Vilas Counties**

**Service Hours** *(Indicate your general hours of service for this project.)*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time		<b>See below</b>					
End Time							

Additional description  
*(if applicable)*

**Rides will be scheduled with local Nursing Homes and Assisted Living facilities. Some rides will be provided at special events.**

**Service Requests** *(Briefly describe how your service is requested for this project.)*

**A calendar of dates for placement of the trishaws at facilities will be developed by Cycling Without Age - Vilas Oneida.**

**Passenger Eligibility** *(Briefly indicate passenger eligibility requirements for this project.)*

**Elderly and disabled individuals who would like to ride.**

**Passenger Revenue** *(Briefly describe passenger revenue requirements for this project.)*

**There will be no passenger revenue.**

# PROJECT BUDGET

Section Description	Amount
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## Annual Expenditures

**\*When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals \$0.**

Enter the amount of **total** expenditures for this project.

Total Expenses \$2,500.00

*\*Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the **Annual Financial Report** that you will submit at the end of the calendar year.*

## Annual Revenue

Enter the amount for **each** funding source that will be used for this project.

<b>A. §85.21 funds from annual allocation</b>	Total from A.	\$2,500.00
<b>B. §85.21 funds from trust fund</b>	Total from B.	
<b>C. County Match Funds</b>	Total from C.	
<b>D. Passenger Revenue</b>	Total from D.	
<b>E. Older American Act (OAA) funding</b>	Total from E.	
<b>F. §5310 Operating or Mobility Management funds</b>	Total from F.	
<b>G. Other funds</b>	Total from G.	\$0.00

*(Provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)*

1.		
		Total <span style="border: 1px solid black; background-color: #cccccc; padding: 2px 10px;"></span>
2.		
		Total <span style="border: 1px solid black; background-color: #cccccc; padding: 2px 10px;"></span>
3.		
		Total <span style="border: 1px solid black; background-color: #cccccc; padding: 2px 10px;"></span>
4.		
		Total <span style="border: 1px solid black; background-color: #cccccc; padding: 2px 10px;"></span>
5.		
		Total <span style="border: 1px solid black; background-color: #cccccc; padding: 2px 10px;"></span>
6.		
		Total <span style="border: 1px solid black; background-color: #cccccc; padding: 2px 10px;"></span>

Revenue Total \$2,500.00

**Expenditures should equal revenue**

**\$0.00**

# PROJECT 5 DESCRIPTION

Allocation should be expended prior to any other funding sources to keep trust fund balances below allowable threshold.

## Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
- Be sure to complete all applicable gray boxes.

Project Name

Third Party Provider

Date contract last updated

Type of Service

*(Place an "x" next to the type of service you will be providing for this project.)*

Volunteer Driver

Voucher Program

Vehicle Purchase

Management Study

Planning Study

Brief description  
of Study

Other *(provide explanation)*

**General Project Summary** *(Provide a brief description of this project. Use ALT and Enter to start a new paragraph.)*

**PROJECT DESCRIPTION, Continued**

**Geography of Service**

*(List the counties, as well as cities/areas that are serviced through this project. Use ALT and Enter to start a new line.)*

**Service Hours** *(Indicate your general hours of service for this project.)*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

Additional description  
*(if applicable)*

**Service Requests** *(Briefly describe how your service is requested for this project.)*

**Passenger Eligibility** *(Briefly indicate passenger eligibility requirements for this project.)*

**Passenger Revenue** *(Briefly describe passenger revenue requirements for this project.)*

# PROJECT BUDGET

Section Description	Amount
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## Annual Expenditures

**\*When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals \$0.**

Enter the amount of **total** expenditures for this project.

Total Expenses

*\*Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the **Annual Financial Report** that you will submit at the end of the calendar year.*

## Annual Revenue

Enter the amount for **each** funding source that will be used for this project.

<b>A. \$85.21 funds from annual allocation</b>	Total from A.	<input style="width: 100%; height: 20px;" type="text"/>
<b>B. \$85.21 funds from trust fund</b>	Total from B.	<input style="width: 100%; height: 20px;" type="text"/>
<b>C. County Match Funds</b>	Total from C.	<input style="width: 100%; height: 20px;" type="text"/>
<b>D. Passenger Revenue</b>	Total from D.	<input style="width: 100%; height: 20px;" type="text"/>
<b>E. Older American Act (OAA) funding</b>	Total from E.	<input style="width: 100%; height: 20px;" type="text"/>
<b>F. \$5310 Operating or Mobility Management funds</b>	Total from F.	<input style="width: 100%; height: 20px;" type="text"/>
<b>G. Other funds</b>	Total from G.	\$0.00

*(Provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)*

1.	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	Total	<input style="width: 100%; height: 20px;" type="text"/>
2.	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	Total	<input style="width: 100%; height: 20px;" type="text"/>
3.	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	Total	<input style="width: 100%; height: 20px;" type="text"/>
4.	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	Total	<input style="width: 100%; height: 20px;" type="text"/>
5.	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	Total	<input style="width: 100%; height: 20px;" type="text"/>
6.	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	Total	<input style="width: 100%; height: 20px;" type="text"/>

**Revenue Total** **\$0.00**

**Expenditures should equal revenue**

**\$0.00**

## PROJECT 6 DESCRIPTION

**Allocation should be expended prior to any other funding sources to keep trust fund balances below allowable threshold.**

**Instructions**

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
- Be sure to complete all applicable gray boxes.

Project Name

Third Party Provider

Date contract last updated

**Type of Service**

*(Place an "x" next to the type of service you will be providing for this project.)*

Volunteer Driver

Voucher Program

Vehicle Purchase

Management Study

Planning Study

*Brief description  
of Study*

Other *(provide explanation)*

**General Project Summary**

*(Provide a brief description of this project. Use ALT and Enter to start a new paragraph.)*

**PROJECT DESCRIPTION, Continued**

**Geography of Service**

*(List the counties, as well as cities/areas that are serviced though this project. Use ALT and Enter to start a new line.)*

**Service Hours** *(Indicate your general hours of service for this project.)*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

Additional description  
*(if applicable)*

**Service Requests** *(Briefly describe how your service is requested for this project.)*

**Passenger Eligibility** *(Briefly indicate passenger eligibility requirements for this project.)*

**Passenger Revenue** *(Briefly describe passenger revenue requirements for this project.)*

# PROJECT BUDGET

Section Description	Amount
---------------------	--------

## Annual Expenditures

**\*When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals \$0.**

Enter the amount of **total** expenditures for this project.

Total Expenses

*\*Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the **Annual Financial Report** that you will submit at the end of the calendar year.*

## Annual Revenue

Enter the amount for **each** funding source that will be used for this project.

A. \$85.21 funds from annual allocation Total from A.

B. \$85.21 funds from trust fund Total from B.

C. County Match Funds Total from C.

D. Passenger Revenue Total from D.

E. Older American Act (OAA) funding Total from E.

F. \$5310 Operating or Mobility Management funds Total from F.

G. Other funds Total from G.

*(Provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)*

1.   
 Total

2.   
 Total

3.   
 Total

4.   
 Total

5.   
 Total

6.   
 Total

Revenue Total

**Expenditures should equal revenue**

**\$0.00**

## PROJECT 7 DESCRIPTION

Allocation should be expended prior to any other funding sources to keep trust fund balances below allowable threshold.

### Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
- Be sure to complete all applicable gray boxes.

Project Name

Third Party Provider

Date contract last updated

### Type of Service

(Place an "x" next to the type of service you will be providing for this project.)

Volunteer Driver

Voucher Program

Vehicle Purchase

Management Study

Planning Study

Brief description  
of Study

Other (provide explanation)

**General Project Summary** (Provide a brief description of this project. Use ALT and Enter to start a new paragraph.)

**PROJECT DESCRIPTION, Continued**

**Geography of Service**

*(List the counties, as well as cities/areas that are serviced through this project. Use ALT and Enter to start a new line.)*

**Service Hours** *(Indicate your general hours of service for this project.)*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

Additional description  
*(if applicable)*

**Service Requests** *(Briefly describe how your service is requested for this project.)*

**Passenger Eligibility** *(Briefly indicate passenger eligibility requirements for this project.)*

**Passenger Revenue** *(Briefly describe passenger revenue requirements for this project.)*

# PROJECT BUDGET

Section Description	Amount
---------------------	--------

## Annual Expenditures

**\*When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals \$0.**

Enter the amount of **total** expenditures for this project.

Total Expenses

*\*Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the **Annual Financial Report** that you will submit at the end of the calendar year.*

## Annual Revenue

Enter the amount for **each** funding source that will be used for this project.

- |   |               |   |
|---|---------------|---|
| A. \$85.21 funds from annual allocation         | Total from A. | <input style="width: 100%;" type="text"/> |
| B. \$85.21 funds from trust fund                | Total from B. | <input style="width: 100%;" type="text"/> |
| C. County Match Funds                           | Total from C. | <input style="width: 100%;" type="text"/> |
| D. Passenger Revenue                            | Total from D. | <input style="width: 100%;" type="text"/> |
| E. Older American Act (OAA) funding             | Total from E. | <input style="width: 100%;" type="text"/> |
| F. §5310 Operating or Mobility Management funds | Total from F. | <input style="width: 100%;" type="text"/> |
| G. Other funds                                  | Total from G. | \$0.00                                    |

*(Provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)*

- |    |  |       |   |
|----|--|-------|---|
| 1. | <input style="width: 100%; height: 20px;" type="text"/><br><input style="width: 100%; height: 20px;" type="text"/> | Total | <input style="width: 100%;" type="text"/> |
| 2. | <input style="width: 100%; height: 20px;" type="text"/><br><input style="width: 100%; height: 20px;" type="text"/> | Total | <input style="width: 100%;" type="text"/> |
| 3. | <input style="width: 100%; height: 20px;" type="text"/><br><input style="width: 100%; height: 20px;" type="text"/> | Total | <input style="width: 100%;" type="text"/> |
| 4. | <input style="width: 100%; height: 20px;" type="text"/><br><input style="width: 100%; height: 20px;" type="text"/> | Total | <input style="width: 100%;" type="text"/> |
| 5. | <input style="width: 100%; height: 20px;" type="text"/><br><input style="width: 100%; height: 20px;" type="text"/> | Total | <input style="width: 100%;" type="text"/> |
| 6. | <input style="width: 100%; height: 20px;" type="text"/><br><input style="width: 100%; height: 20px;" type="text"/> | Total | <input style="width: 100%;" type="text"/> |

**Revenue Total** **\$0.00**

**Expenditures should equal revenue**

**\$0.00**

# PROJECT 8 DESCRIPTION

Allocation should be expended prior to any other funding sources to keep trust fund balances below allowable threshold.

## Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
- Be sure to complete all applicable gray boxes.

Project Name

Third Party Provider

Date contract last updated

Type of Service

*(Place an "x" next to the type of service you will be providing for this project.)*

Volunteer Driver

Voucher Program

Vehicle Purchase

Management Study

Planning Study

Brief description  
of Study

Other (provide explanation)

General Project Summary *(Provide a brief description of this project. Use ALT and Enter to start a new paragraph.)*

**PROJECT DESCRIPTION, Continued**

**Geography of Service**

*(List the counties, as well as cities/areas that are serviced though this project. Use ALT and Enter to start a new line.)*

**Service Hours** *(Indicate your general hours of service for this project.)*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

Additional description *(if applicable)*

**Service Requests** *(Briefly describe how your service is requested for this project.)*

**Passenger Eligibility** *(Briefly indicate passenger eligibility requirements for this project.)*

**Passenger Revenue** *(Briefly describe passenger revenue requirements for this project.)*

# PROJECT BUDGET

Section Description	Amount
---------------------	--------

## Annual Expenditures

**\*When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals \$0.**

Enter the amount of **total** expenditures for this project.

Total Expenses

*\*Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the **Annual Financial Report** that you will submit at the end of the calendar year.*

## Annual Revenue

Enter the amount for **each** funding source that will be used for this project.

- |   |               |   |
|---|---------------|---|
| <b>A. \$85.21 funds from annual allocation</b>          | Total from A. | <input style="width: 100%; height: 20px;" type="text"/> |
| <b>B. \$85.21 funds from trust fund</b>                 | Total from B. | <input style="width: 100%; height: 20px;" type="text"/> |
| <b>C. County Match Funds</b>                            | Total from C. | <input style="width: 100%; height: 20px;" type="text"/> |
| <b>D. Passenger Revenue</b>                             | Total from D. | <input style="width: 100%; height: 20px;" type="text"/> |
| <b>E. Older American Act (OAA) funding</b>              | Total from E. | <input style="width: 100%; height: 20px;" type="text"/> |
| <b>F. \$5310 Operating or Mobility Management funds</b> | Total from F. | <input style="width: 100%; height: 20px;" type="text"/> |
| <b>G. Other funds</b>                                   | Total from G. | <b>\$0.00</b>   |

*(Provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)*

- |    |  |       |   |
|----|--|-------|---|
| 1. | <input style="width: 100%; height: 20px;" type="text"/><br><input style="width: 100%; height: 20px;" type="text"/> | Total | <input style="width: 100%; height: 20px;" type="text"/> |
| 2. | <input style="width: 100%; height: 20px;" type="text"/><br><input style="width: 100%; height: 20px;" type="text"/> | Total | <input style="width: 100%; height: 20px;" type="text"/> |
| 3. | <input style="width: 100%; height: 20px;" type="text"/><br><input style="width: 100%; height: 20px;" type="text"/> | Total | <input style="width: 100%; height: 20px;" type="text"/> |
| 4. | <input style="width: 100%; height: 20px;" type="text"/><br><input style="width: 100%; height: 20px;" type="text"/> | Total | <input style="width: 100%; height: 20px;" type="text"/> |
| 5. | <input style="width: 100%; height: 20px;" type="text"/><br><input style="width: 100%; height: 20px;" type="text"/> | Total | <input style="width: 100%; height: 20px;" type="text"/> |
| 6. | <input style="width: 100%; height: 20px;" type="text"/><br><input style="width: 100%; height: 20px;" type="text"/> | Total | <input style="width: 100%; height: 20px;" type="text"/> |

**Revenue Total** **\$0.00**

**Expenditures should equal revenue**

**\$0.00**



**ADRC COMMITTEE MEETING  
MINUTES  
October 27, 2025**

**COMMITTEE MEMBERS PRESENT:** Mr. Ted Cushing, Chairman, Mr. James Unger, Ms. Linnaea Newman, Ms. Joan Hauer, Ms. Melanie Fralick, Ms. Debbie Condado, Ms. Rita Mahner and Ms. Kathy Paul (Zoom)

**EXCUSED:** Mr. Russ Fisher

**STAFF PRESENT:** Mr. Joel Gottsacker, Ms. Beth Hoerchler, Ms. Mya Olkowski, Ms. Carrie Mikalauski, Ms. Dana Gray, and Ms. Heidi Chavez

**OTHERS PRESENT:** Ms. Barb Newman

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1. **Call to Order:** Mr. Ted Cushing 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. Melanie Fralick, seconded by Ms. Linnaea Newman, to approve today's agenda with the order of items at the Chair's discretion. All ayes; motion carried.
3. **Public Comment/Communications:** None.
4. **Approve Minutes of September 22, 2025:** Motion by Ms. Debbie Condado, seconded by Ms. Linnaea Newman to approve September 22, 2025 ADRC Committee minutes as presented. All ayes; motion carried.
5. **Northwoods Transit Update:** Ridership is up. Keeping mechanic busy. Had a lift that was drooping, had that fixed. Working on a piece of property on Lake Julia Rd. Staffing is good. One driver will retire the end of the year. Right now in a good spot.
6. **Senior Nutrition Program Discussion:** Some financial concerns with the Senior Nutrition Program. In the past, we've been able to use money from congregate meals to help balance the funds in the home delivered meals. This year we have to keep congregate and home delivered meals accounts separate. This year there have been more home delivered meals than before and more than congregate.
  - a. **Woodruff/Rhinelanders Sites days of service:** Looking to cut out home delivered and congregate meals on Fridays to save in mileage. The meals for Fridays would be delivered frozen on Thursdays. This will save about \$9,000 and it has been approved from the state. Some counties have gone into waitlists or prioritized meals. Not getting much financial help from the state for the need. The funding is not going to increase; in fact, the funding will be decreasing. With the government shut down, we are not able to do a transfer

from congregate to home delivered meals. All counties are impacted by this. There is more funding in Congregate in the state budget, however we need all of our congregate money to pay for the congregate meals we currently have. GWAAR manages our Title III contracts. We don't have contracts from the state or federal government. The state gives GWAAR the funding, but since the shutdown, the state is holding on to funds. Discussion on requirements of home delivered meals program. Mr. Ted Cushing mentioned that the State feels that this program is being abused. Discussion regarding if there's any report that indicates that. Ms. Rita Mahner motioned to have the frozen meals on Fridays, Mr. Jim Unger seconded. All ayes, motioned passed.

- b. 2026 Lynn's Catering Increase:** Lynn's catering is asking for 5% increase bringing it up to \$7.10 per meal. Mr. Unger says that is how much Barron County is. Discussion on how much the increase are at the grocery stores. Lynn is asking all of the counties she serves for this same increase. On average each year, we have between 45-50,000 meals we serve. This would be about a \$15,000 increase on the low end. Ms. Rita Mahner made the motion to increase the Lynn's Catering contract by 4%, Ms. Debbie Condado seconded. All ayes, motioned passed.
  - c. Woodruff site location:** The Woodruff site manager's last day was a couple of weeks ago. We are hoping to fill this with two part-time positions to cover this position to keep the hours low. There are two applicants currently.
- 7. Resolution to accept \$2500 Donation from Red Arrow for HDM program:** This is being brought back this month in a resolution form. Ms. Debbie Condado motioned to pass to this resolution to the County Board, Mr. Jim Unger seconded. All ayes, motion passed.
  - 8. ADRC Uncollectable Accounts:** Usually every two years we are looking at accounts that aren't being paid. Usually this is the transportation area. There are two individuals that haven't paid in 2023 for the total of \$60.10. Ms. Joan Hauer motioned to approve to write this amount off, Ms. Melanie Fralick seconded. All ayes, motion passed.
  - 9. Government Shutdown: Delay in November FoodShare Benefits:** Ms. Beth Hoerchler explained the issues with the government shut down and how it is affecting the FoodShare Benefits. In Oneida County 3,300 people benefit from this program costing \$470,000 per month.
  - 10. Approval of two RSVP council member to continue their terms:** We have two members, Joan Hauer and Nancy Brisse, who are looking to start their second term on the RSVP Council. Ms. Debbie Condado motioned to accept them for their second term. Mr. Jim Unger seconded. All ayes, motion approved.

**11. November and December ADRC Committee meeting dates:** November 24<sup>th</sup> will remain the meeting date for November. December 22<sup>nd</sup> will remain the meeting date for December.

**12. Staffing Updates:** We've filled quite a bit of positions in September and October. We've hired 38 positions since January first of this year. We have one Economic Support position that will get posted in November to start in January due to the states training system. There's a Mental Health Technician position open, which we received 12 applications for. There are two positions for part-time for Peer Recovery Specialist that we've gotten about 4 applicants for. We had a foster parent grant that paid for an event for foster families, which was held at Grandpa's Farm. About 28 people attended.

**13. 2025 Financial & Statistical Reports, and Vendor Payment Report:** It was noted by Mr. Ted Cushing that the Financial Reports were received. Ms. Heidi Chavez pointed out the volume of people walking in to the ADRC has increased. The ADRC is a very busy place. She noted that we weren't able to collect data the end of 2024 due to the transition so that may skew the numbers. Largely the deficit is from the nutrition program.

**14. Future Agenda Topics:** Usual agenda items. Members should contact Ms. Mya Olkowski, or Mr. Ted Cushing if they would like something placed on the agenda. The next meeting will be held on Monday, November 24, 2025 at 9:00 a.m. at the Balsam Room located in the ADRC.

**15. Public Comment:** Ms. Linnaea Newman indicated that she has friends that were volunteering to drive for the home delivered meal program and they had no idea that the program was in a deficit. Her friends decided not to take the mileage and have donated to the program instead. Not that we expect people to do what her friends did, but we should be letting others know the state of the program as people choose to volunteer for all different reasons and money is not always the factor.

**16. Adjournment:** 9:39 a.m.

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Committee Chairman

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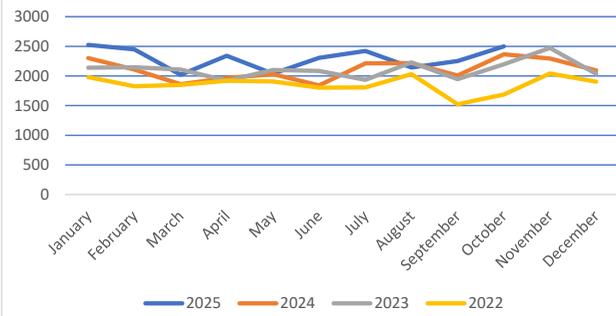
Committee Secretary

# AGENDA

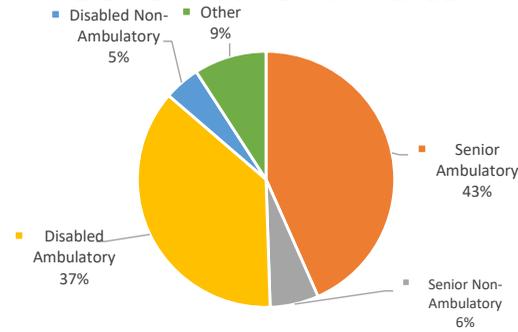
## Oneida Vilas Transit Commission October 2025

	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	453	28	155	71	22	729	117	137	47	8	91	211	118	729
On-Demand Eagle River	216	0	108	20	11	355	33	62	20	8	7	177	48	355
On-Demand Lakeland Oneida County	177	29	68	7	102	383	73	126	102	47	3	5	27	383
On-Demand Lakeland Vilas County	155	2	11	1	14	183	30	37	89	7	0	5	15	183
Bear Paw Service Oneida County	3	5	11	0	1	20	2	0	5	0	0	7	6	20
Bear Paw Service Vilas County	10	7	1	0	1	19	14	0	2	0	0	2	1	19
Whitetail Service Oneida County	4	0	9	0	1	14	5	0	0	1	2	6	0	14
Whitetail Service Vilas County	0	0	7	1	3	11	2	1	0	0	4	4	0	11
Moose Service Oneida County	2	0	0	1	0	3	1	0	0	0	0	2	0	3
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	0	5	0	0	0	0	1	4	0	5
Spruce Service Vilas County	0	0	2	3	0	5	0	2	0	0	0	3	0	5
Eagle Eye Service Vilas County	21	2	28	0	0	51	0	0	12	0	15	22	2	51
Headwaters	0	0	696	15	0	711	0	711	0	0	0	0	0	711
<b>TOTALS</b>	<b>1044</b>	<b>73</b>	<b>1098</b>	<b>119</b>	<b>155</b>	<b>2489</b>	<b>277</b>	<b>1076</b>	<b>277</b>	<b>71</b>	<b>123</b>	<b>448</b>	<b>217</b>	<b>2489</b>
Oneida County Total Q4	642	62	941	94	126	1865	198	974	154	56	97	235	151	1865
Oneida County Total Q3	1867	145	2511	260	420	5203	536	749	91	7	4	11	16	5203
Oneida County Total Q2	1868	651	1854	217	540	5130	585	2582	580	91	226	647	419	5130
Oneida County Total Q1	2271	57	2013	281	876	5498	652	2253	305	75	1025	949	239	5498
Vilas County Total Q4	402	11	157	25	29	624	79	102	123	15	26	213	66	624
Vilas County Total Q3	1022	19	478	65	27	1611	249	285	257	20	89	556	155	1611
Vilas County Total Q2	990	23	439	65	39	1556	246	340	217	10	55	461	227	1556
Vilas County Total Q1	908	15	482	49	40	1494	209	282	153	1	27	330	492	1494

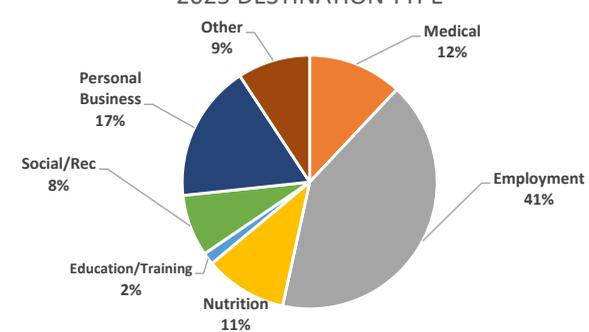
RIDERSHIP REPORT



2025 YEAR TO DATE CUSTOMER DEMOGRAPHICS



2025 DESTINATION TYPE





## Vacancy and Recruitment Update

### Positions filled in October/November

Position	Name	Start Date	Location
CCS Facilitator	Trisha Moore	10/8/25	Timber
Social Worker	Lindsey Sparr	10/20/2025	Courthouse
Social Worker	Max Kortenhoff	10/21/2025	Courthouse
Peer Recovery Coach	Samantha Shefchik	11/17/25	Timber
Peer Recovery Coach	Brittany Conroy-Ziegler	11/17/25	Timber
Dining Site Manager Mon, Tues	Deborah Coleman	TBD	ADRC
Dining Site Manager Wed, Thurs	Sheryl Otto	TBD	ADRC

### In Process:

Position	Status	Location
Economic Support	1 <sup>st</sup> Interviews November 13 <sup>th</sup> and 14 <sup>th</sup>	CH
Mental Health Tech	Offer Pending	Timber

### Events/ Other Updates:

The agency participated in a half day Ethics and Boundaries Training on November 6<sup>th</sup> in the afternoon and November 7<sup>th</sup> in the morning.

The topic was Embracing the Gray in Practice:

Boundaries have been blurred, the landscape of our professional practice have encroached upon our personal lives, and the relationships with our clients and colleagues have changed. Our work asks much of us by way of flexibility and adaptation; much of it to best serve our clients, but at what cost? Is virtual practice blending into your home life? Do you feel like the clear and rigid boundaries you once had created to protect dual relationships have crumbled or blurred? Have colleagues gotten a glimpse into your world via the virtual space, perhaps sharing more than what seems comfortable? We will explore all the new gray areas in our practice and collegial spaces. Uniquely, participants in the session will provide examples of ethical dilemmas they have faced and will walk through the challenges to learn how to best embrace, or color the gray, to improve ethical decision making when circumstances arise.

Staff were divided into two groups for the training. Staff at Timber Drive who were not participating in the training the afternoon of the 6<sup>th</sup> or morning of the 7<sup>th</sup> assisted in agency file clean up. We also hosted an agency Food Drive. A room at Timber Drive was designated for those attending to drop off donations for the Rhinelander Food Pantry.

**AGENDA**

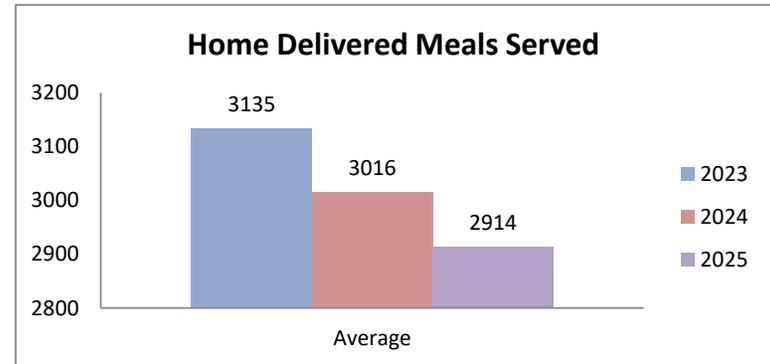
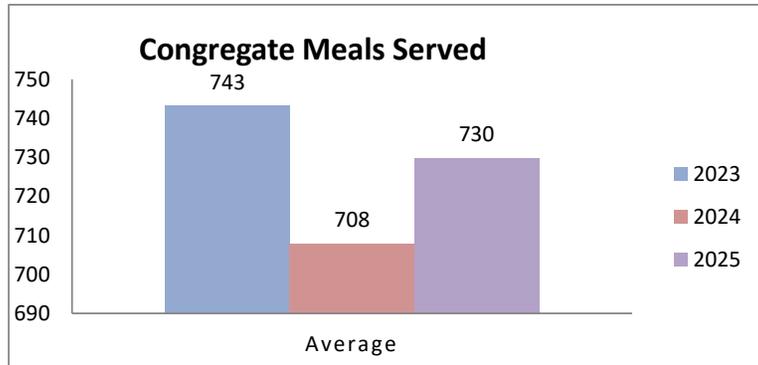
**ADRC  
2023-2025**

**Congregate Meals Served**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
2023	714	691	878	716	864	803	675	848	674	752	777	526	743
2024	713	696	677	738	751	694	772	746	644	762	735	566	708
2025	635	666	670	718	785	733	813	757	791				730

**Home Delivered Meals Served**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
2023	3144	3142	3640	3014	3318	3346	2940	3286	2850	3078	3011	2845	3135
2024	3277	3247	2903	3052	3201	2866	3033	3153	2964	3245	2714	2541	3016
2025	2603	2687	2440	2964	2966	3133	3235	3129	3072				2914



## ADRC 2023-2025

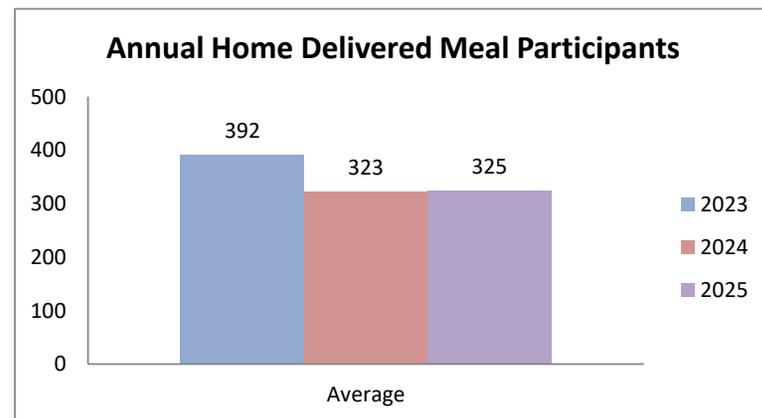
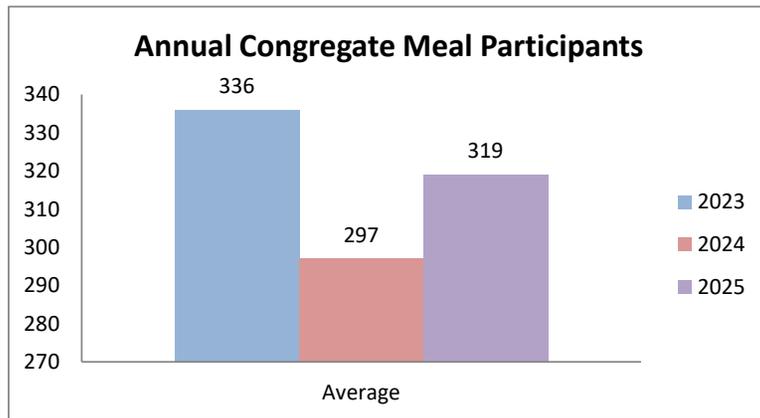
### Annual Congregate Meal Participants

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2023													336
2024	150	33	25	18	17	17	20	13	4	*	*	*	297
2025	150	37	36	19	27	18	12	11	9				319

### Annual Home Delivered Meal Participants

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2023													392
2024	199	17	13	17	16	12	15	20	14	*	*	*	323
2025	185	18	15	18	14	17	21	16	21				325

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



**ADRC  
2023-2025**

**Average Congregate Meal Contributions**

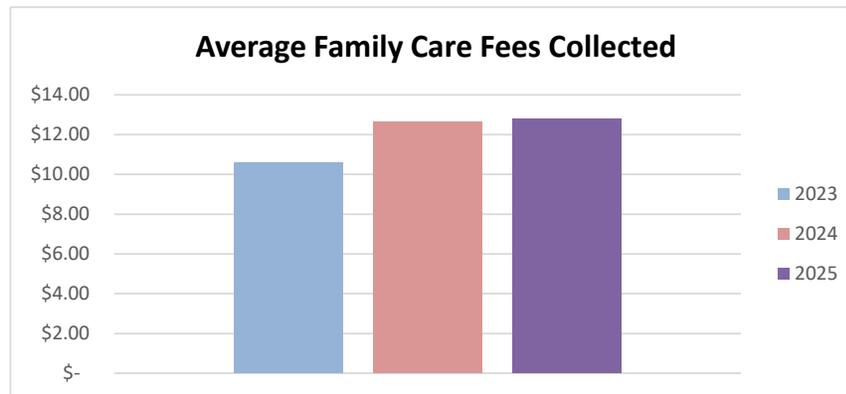
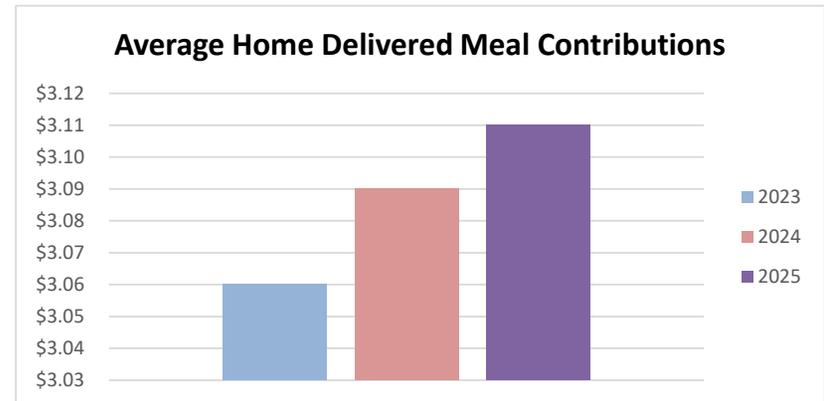
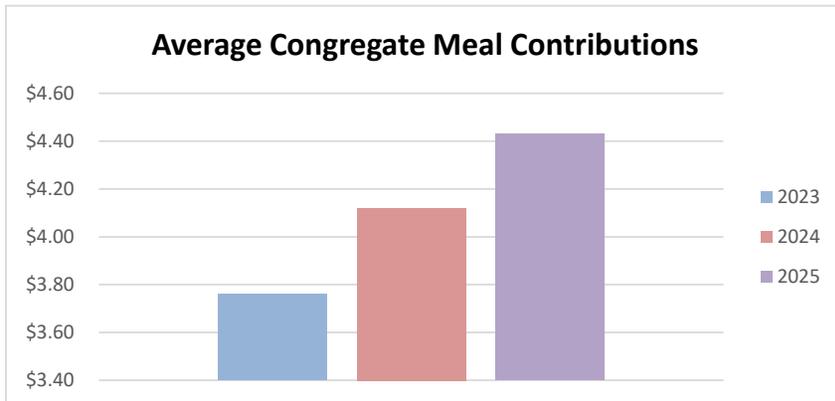
2023	\$ 3.76
2024	\$ 4.12
2025	\$ 4.43

**Average Home Delivered Meal Contributions**

2023	\$ 3.06
2024	\$ 3.09
2025	\$ 3.11

**Average Family Care Fees Collected**

2023	\$ 10.59
2024	\$ 12.66
2025	\$ 12.77

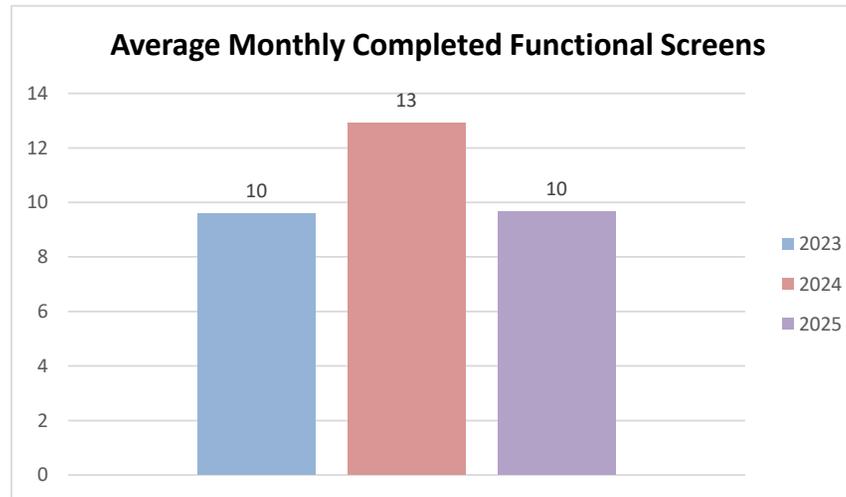


\*Numbers unavailable at this time

## ADRC 2023-2025

### Completed Functional Screens

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
2023	4	6	8	7	13	9	12	9	9	10	11	17	10
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



	YTD through September	Year End Estimate	2025 Budget	
				<b>Projected 2025</b>
<b>Revenues</b>				<b>Over/(Under)</b>
Outreach/EBS Funding	\$46,979	\$46,979	\$48,556	(\$1,578)
Outreach/EBS Program Income	\$0	\$0	\$250	(\$250)
Title III B Funding	\$41,759	\$52,957	\$52,957	\$0
RSVP Grant and Program Income	\$69,069	\$99,365	\$98,944	\$421
Transportation Grant & Program Income	\$139,428	\$139,648	\$140,135	(\$487)
85.21 Trust Account Interest	\$2,658	\$3,545	\$0	
Congregate Meals Funds & Program Income	\$91,375	\$179,076	\$162,290	\$16,786
Home Delivered Meals Funding	\$60,392	\$56,543	\$62,817	(\$6,274)
Home Delivered Meals SCS	\$6,292	\$6,292	\$6,292	\$0
Home Delivered Meals NSIP	\$12,451	\$19,103	\$26,061	(\$6,958)
Home Delivered Program Income & Donations	\$94,610	\$140,646	\$150,000	(\$9,354)
Alzheimer's National Caregiver Grant	\$4,690	\$10,651	\$25,201	(\$14,550)
National Caregiver Grant	\$10,120	\$31,215	\$26,247	\$4,968
Administrative Program Income	\$7,216	\$9,621	\$9,000	\$621
ADRC Funding	\$541,796	\$848,189	\$830,912	\$17,277
Title III D Funding	\$4,726	\$4,694	\$4,467	\$227
ADRC Tax Levy	\$141,413	\$141,413	\$141,413	\$0
<b>Total Revenues</b>	<b>\$1,274,974</b>	<b>\$1,789,935</b>	<b>\$1,785,542</b>	<b>\$849</b>
				<b>Projected 2025</b>
<b>Expenses</b>				<b>(Over)/Under</b>
<b>ADRC Services</b>				
Administration	\$83,690	\$111,413	\$103,063	(\$8,350)
Caregiver Support Programs	\$30,066	\$41,866	\$51,448	\$9,582
Outreach (EBS)	\$109,977	\$142,394	\$135,939	(\$6,455)
RSVP Program	\$77,527	\$99,365	\$98,116	(\$1,249)
Transportation	\$159,871	\$163,977	\$167,889	\$3,912
Congregate Meals	\$139,041	\$185,351	\$162,290	(\$23,061)
Home Delivered Meals	\$325,591	\$435,530	\$445,570	\$10,040
ADRC (Including DBS & DCS)	\$497,138	\$633,194	\$628,939	(\$4,255)
<b>Total Expenses</b>	<b>\$1,422,901</b>	<b>\$1,813,089</b>	<b>\$1,793,254</b>	<b>(\$19,835)</b>
<b>Net Surplus/(Deficit) at Year End</b>		<b>(\$23,154)</b>		
<b>General Fund Transfer</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Restricted Fund Balance Accounts:</b>				
Donation/Fundraiser Income Transfer		\$566		
85.21 Trust Fund Transfer		(\$3,545)		
<b>Surplus/(Deficit) at Year End</b>		<b>(\$26,133)</b>		
<b>85.21 Transportation Trust Account Balance</b>	<b>\$ 288,765.83</b>			
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				

	<b>YTD through September</b>	<b>Year End Estimate</b>	<b>2025 Budget</b>	
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.				