

## **OLDER AMERICANS ACT REAUTHORIZATION INPUT FOR INDIVIDUALS**

Input from individuals may be submitted by downloading and mailing this form. Such input may be recorded as topic area recommendations (Section I) or may be specific to particular citations of the current OAA (Section II). If you have questions regarding submittal of input you may contact Abbe Lackmeyer, 866-598-0102, [linscoae@muohio.edu](mailto:linscoae@muohio.edu). Mailing address is provided at the bottom of this form.

### **Provide the following information:**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Numbers: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

### **Check the organization/group(s) you represent:**

- State Unit on Aging
- Area Agency on Aging
- OAA Service Provider
- Tribal Organization
- Advocacy Agency
- Older Adult
- Caregiver
- Other: Please list \_\_\_\_\_

Go To Section I or II.

### **SECTION I. TOPIC AREAS AND RECOMMENDATIONS:** Check the topic(s) you want to address

- Access
- Aging and Disability Resource Centers (ADRCs)
- Alzheimer's Disease
- Baby Boomers
- Capacity Building of the Aging Network (Succession Planning, Technical Assistance)
- Benefits Counseling (includes Financial and Pension Counseling)
- Caregivers (includes but not limited to National Family Caregiver Support Program)
- Case Management
- Civic Engagement (includes Volunteerism)
- Community Living Programs (CLP)
- Congregate Meals
- Consumer Choice and Control
- Cost Sharing
- Contributions (includes Voluntary Contributions)

- Demonstration Programs (Title IV)
- Disaster Preparedness
- Diverse Populations (includes Minorities, Veterans, LGBT and Disabilities)
- Elder Rights (includes but not limited to Adult Protective Services, Abuse Prevention,
- Employment (includes Senior Community Service Employment Program (SCSEP))
- Evidence-Based Prevention Programs (see also Health Promotion and Disease Prevention)
- Faith-Based Programs
- Health Promotion and Disease Prevention (see also Evidence-Based Prevention Programs)
- Home and Community Based Care
- Home Repair and Modification
- Housing (includes but not limited to NORCs, HUD housing programs, Aging in Place, Assisted Living)
- Information and Referral
- Interstate Funding Formula
- Intrastate Funding Formula
- Medicare/Medicaid Programs
- Mental Health Services
- Native American Programs
- Nursing Homes
- Nutrition (includes but not limited to Congregate & Home Delivered Meals)
- Private Pay
- Respite Care
- Targeting (includes but not limited to Diverse Populations & Low-Income)
- Transportation
- Work Force Development
- Other – Please list \_\_\_\_\_

***For each topic*** checked above, please ***describe specific recommendations regarding each topic and explain your rationale*** for the suggested change(s). If you need additional space, please use Page 4 and/or attach additional sheets of paper. ***Clearly mark each topic area addressed in your recommendations and rationale.***

DESCRIBE SPECIFIC RECOMMENDATIONS REGARDING SELECTED TOPIC AREA(S):

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RATIONALE FOR SUGGESTED CHANGE(S):

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**SECTION II. SPECIFIC OAA CITATIONS TO BE ADDRESSED (For Example: Title, Subtitle, Chapter and/or Section):** Please list:

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*For each citation* listed above, please indicate if your recommendation involves deletion, revision or addition to the existing law. Also for each citation, *describe specific recommendations, and explain your rationale* for the suggested change(s). If you need additional space, please use Page 4 and/or attach additional sheets of paper. **Clearly mark each citation addressed in your recommendations and rationale.**

RECOMMEND: (check all that apply)

\_\_\_(1) DELETION OF CURRENT OAA LANGUAGE

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\_\_\_(2) REVISION OF CURRENT OAA LANGUAGE – (provide proposed wording)

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\_\_\_(3) ADDITION OF NEW OAA LANGUAGE – (provide proposed wording)

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RATIONALE FOR SUGGESTED CHANGE(S):

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