

NEWTOWN COMMISSION ON AGING
Regular Meeting
Monday, December 17, 2018
MUNICIPAL CENTER
3 Primrose Street
Newtown, CT
Council Chamber
5:00 PM

THESE MINUTES ARE SUBJECT OF THE APPROVAL OF THE COMMISSION ON AGING.

The Commission On Aging held a regular meeting on Monday, December 17, 2018 at 5:00 pm at the Newtown Municipal Center, Council Chambers, 3 Primrose Street, Newtown, CT.

CALL TO ORDER: Ms. Wiedemann called the meeting to order at 5:00 pm.

PRESENT: Anna Wiedemann, George Guidera, Barbara Bloom (5:05), John Boccuzzi, LeReine Frampton, Anne Rothstein (thru 6:34), Ruby Ryles (via phone), Curt Symes. Alternates: Larry Passaro, Claire Theune, Maureen Will.

ABSENT: Mae Schmidle.

ALSO PRESENT: First Selectman Dan Rosenthal, Selectman Maureen Crick Owen, Cyrenius H. Booth Library Assistant Director Beryl Harrison, Economic Development Commission Wes Thompson, 9 public, 1 press.

After roll call, Mr. Guidera offered an apology to Ms. Place for spontaneous comments he made at the last meeting. Mr. Rosenthal acknowledged his apology, thanked him for addressing it to Ms. Place, and said that while it is understandable that words can get away from someone at times, he asked for mindful, respectful discussions going forward at all meetings.

PUBLIC COMMENTS:

Louise Zierzow, Sandy Hook – expressed thanks for taking care of parking lot and sidewalk conditions at the Senior Center. Ms. Zierzow noted artwork in Council Chambers indicating “Cultivating Character,” COA should look at that for inspiration when providing comments and feedback at meetings, and cautioned when making comments about someone when he/she is not present.

MINUTES: MS. BLOOM MOVED TO APPROVE THE MINUTES OF THE NOVEMBER 19, 2018 MEETING. SECOND BY MS. FRAMPTON. ALL IN FAVOR. (8-0) MOTION PASSES.

COMMISSION ON AGING

REPORTS

CHAIR REPORT: Ms. Wiedemann shared the December 2018 COA Chair Report. (ATTACHMENT)

VICE CHAIR REPORT:

Discussion On New Name For Current Center –

Ms. Rothstein provided an overview of the last programming subcommittee meeting, said the committee reviewed the ballots of the naming of the new Senior Center, 161 votes:

- 4 voted for #1 include senior in the new name
- 118 voted for #2 retain the name Newtown Senior Center
- 39 voted for #3 & #4 to eliminate the senior center from the name and call it something else

Ms. Rothstein said there was discussion about membership fee structure, it would be a tiered structure. Also discussed focus group for types of programming, look to multiple parallel tracks of programs for a series of activities. Discussed upgrading the website, email list, laptop availability, popup classes, working together with the community center. Discussed increasing attendance for men, look to programming. Marketing plan discussed, engage new residents. Mr. Boccuzzi asked about process of naming of the senior center and questioned the approach. Ms. Wiedemann said that the subcommittee wanted to bring it to the attention of the COA, consider possibly a tag line. Ms. Boccuzzi suggested removing Senior Center from the name and consider other names. Ms. Frampton noted that the people outside of the senior center also voted. Ms. Will likes the idea of hashtag. Mr. Guidera suggested to continue discussion to recommend names to the First Selectman and postpone making any decisions tonight. Ms. Ryles said there is more use of the term Older Adults, consider Newtown Center for Older Adults.

MR. GUIDERA MOVED TO CONTINUE DISCUSSION ON THE NAMING OF THE SENIOR CENTER FOR ONE MORE MONTH. SECOND BY MS. BLOOM. Ms. Will made the point of looking to what seniors want out of the senior center and after it opens there may be an indication of what would work best for naming. MOTION FAILS. (4-4) (Yes – Mr. Guidera, Ms. Bloom, Ms. Rothstein, Ms. Ryles. No – Ms. Wiedemann, Mr. Boccuzzi, Ms. Frampton, Mr. Symes)

MR. BOCCUZZI MOVED TO RECOMMEND TO THE FIRST SELECTMEN THE NAME OF THE SENIOR CENTER TO BE “NEWTOWN SENIOR CENTER” WITH A TAG LINE “CENTER FOR ACTIVE LIVING.” SECOND BY MS. FRAMPTON. ALL IN FAVOR. MOTION PASSES. (8-0)

DIRECTOR OF SENIOR SERVICES: Ms. Wiedemann shared the Director of Senior Services report. (ATTACHMENT)

MR. BOCCUZZI MOVED TO USE THE FOB SYSTEM FOR GENERATING REPORTS. SECOND BY MS. FRAMPTON. ALL IN FAVOR. MOTION PASSES. (8-0)

DIRECTOR OF SOCIAL SERVICES: Ms. Wiedemann shared the Director of Social Services Report. (ATTACHMENT)

COMMISSION ON AGING

TREASURERS REPORT: Ms. Rothstein shared the Treasurer's Report. (ATTACHMENT)
Ms. Wiedemann reviewed the bylaws for the gift fund.

GRANTS COMMITTEE: Mr. Boccuzzi worked with Matt Ariniello, Director of the Newtown Community Center on grants, swimming grants, funding is hard to find until the senior center is built, it would be important to look at funding for transportation and other services for seniors. Ms. Wiedemann said information is shared with Community Center Committee Kinga Walsh and Nancy Doniger, Library and other departments

ELECTION COMMITTEE: MS. FRAMPTON MOVED TO NOMINATE THE SAME COMMITTEE - MS. WIEDEMANN – CHAIR, MR. GUIDERA – VICE CHAIR, MS. SCHMIDLE – PARLIAMENTARIAN, MS. ROTHSTEIN – TREASURER. SECOND BY MR. BOCCUZZI. ALL IN FAVOR. MOTION PASSES. (8-0)

NEW BUSINESS

WestCOG TRANSPORTATION MEETING – Mr. Symes shared comments.
(ATTACHMENT)

LIVABLE COMMUNITY UPDATE – Mr. Boccuzzi shared report of various work groups. (ATTACHMENT) Katherine Simpson, representing a work group out of Livable Community, discussed working collaboratively with the COA and Senior Center. List of seniors discussed. Ms. Frampton offered to share available list of seniors in Newtown and will send to Ms. Bloom. Mr. Boccuzzi reviewed the Steering Committee notes. (ATTACHMENT) Ms. Frampton suggested talking to the new director of Nunnawauk Meadows to help fight isolation.

ADJOURNMENT: THERE BEING NO FURTHER BUSINESS, MS. FRAMPTON MADE A MOTION TO ADJOURN AT 6:43 PM. SECOND BY MS. BLOOM. ALL IN FAVOR. (8-0) MOTION PASSES.

Respectfully submitted,

June Sgobbo, Clerk

Attachments: Chair Report, Director of Senior Services Reports, Tax-Aide Intake Information, Director of Social Services/Municipal Agent for the Elderly December 2019 Report, WestCog Transportation Meeting, Age Friendly Livable Community Initiative, Livable Community Steering Committee Notes.

Chair report for December 17, 2018

I went to the Marketing presentation that the Community Center will be engaged with. The SC needs a similar strategy to help our website look inviting. We have a web page. Marilyn had a great idea of renaming things to spruce up and make programs look more inviting. It would be great if a Commissioner and Marilyn could do a little tweaking. Let me know if someone would like to help.

Selectman Rosenthal reached out to Fred Hurley who will be fixing the parking lot at the Senior Center.

The Holiday party at Michael's at the Grove was well attended and a lot of fun. Looking forward to holding it at the NEW Senior Center next year – so much to look forward to.

I was unable to attend the program at the Library regarding Transportation. I will let Curt Symes speak to that at the meeting.

At the recent Public Building & Site Commission, it was stated that there is a shortage of gas meters with the disaster that is taking place in California. Things are moving along and they are being steadfast in making sure we remain on budget. The goal is to get the building built and being careful to not go over budget because of change orders. The roof is completed with the exception of the two pitched roofs at the entrances. Framing of the cupolas is completed. The pool is moving along – temporary heat has been installed.

We will have met Friday to choose some suggestions to share with the Commission at Monday's meeting for renaming the new building.

Enjoy the holiday season however you celebrate. Take time for family and friends.

Best regards, Anna

NEWTOWN SENIOR CENTER
Director of Senior Services

PROGRAMS NUMBER OF ATTENDANTS (November)

(See Attachment)

Attendance Daily:

Monday	Tuesday	Wed.	Thurs	Friday	Monthly Attendance
189	261	173	278	117	1018

COMPLETED EVENTS:

- | | |
|--|--------|
| • Annual Senior Center Bazaar | Nov 10 |
| • Elder law Strategies "How to keep Medicaid from taking it all" | Nov 14 |
| • Hearing Aids & Technology | Nov 19 |
| • Send a Smile Card (Holiday) program | Nov 26 |
| • Animal Shelter Buddy reading program | Nov 28 |
| • Release the Holiday Stress w/ complimentary back massage | Dec 3 |
| • Annual Holiday Party | Dec 6 |
| • Hank Meirowitz Photo Travel Series | Dec 7 |
| • Trim the SC Tree | Dec 7 |
| • Tinsel & Tunes Holiday Gathering @ SC | Dec 14 |

UPCOMING EVENTS:

- | | |
|----------------------|--------|
| • Secret Santa Bingo | Dec 19 |
|----------------------|--------|

TRIPS:

- | | |
|---|--------|
| • Phantom @ WBT | Nov 8 |
| • Radio City Music hall | Nov 16 |
| • UCONN Women's Basketball Game @ Mohegan Sun | Nov 17 |

VAN TRIPS:

- | | |
|---|--------|
| • Toast to the Armed Forces & Veteran's | Nov 13 |
|---|--------|

SPEAKERS:

Lunch and Learns:

- | | | |
|---------------------------------------|-------------------------|--------|
| 1. Hank Meirowitz Photo Travel series | Myanmar(formerly Burma) | Dec 7 |
| 2. Hearing Aids & Technology | | Dec 19 |

Cultural History (2nd Thursdays @ 10:30) and Wellness Series (4th Thursdays @ 10:30)

- | | |
|-----------------------|--------|
| • Ulysses S. Grant | Nov 8 |
| • Seasonal Depression | Nov 29 |
| • Sears Roebuck & Co | Dec 13 |

UPDATE:

Annual Bazaar monies was deposited into the SC gift account amount \$2059.75

Raffle monies from the Annual Holiday party was also deposited. Amount of \$238.00

The Holiday party was well attended. Many new faces and many couples.

Poker group has tripled. Three tables.

SC Budget was submitted by Dec 10.

Senior Pickle ball starts Monday January 7 from 10-12 @ Edmond Town Hall.

This is in collaboration with P&R.

All trips are scheduled for 2019. Contracts are being processed.

New card making class continues into 2019 every 3rd Monday @ 1:00.

Jewelry class begins again on Wednesday January 9 @ 1:00.

Community service sewing continues in 2019 with making warm lap quilts for the Praxair Center and Dialysis Center.

Photo Travel Series Lunch and Learns continues every other month in 2019.

Every month in 2019 in collaboration w/ Health Dept. and Newt, ambulance will be doing health preventive topics. Starting in Feb.

AARP tax assistance begins in Feb. There are many changes through AARP forms this year. (see attached info.)

Those who sign up must pick up consent forms before appt.

Marilyn

PAID CLASSES																																						
Nov 2018	DAY	GAMES	MAH JONGG	FITNESS FURY	MORNING MED	EXERCISE TAPE	FLEX FIT TONE	ZUMBA	YOGA	CHAIR YOGA	QI GONG	BARN DANCING	ART	TAI CHI	BALLROOM DANCE	CHAIR PILATES	STRENGT&BALANCE	SPANISH	BIBLE	LUNCH	CARDS / CANASTA	WII / PASSWORD	ROCK PAINTIN	WALK INS	MANDALA	KNITTING / SEWIN	CRAFTS / INTERGEN	BINGO / KENO	BLOOD PRESSURE	POKER	TRIPS	ENTERTAINMENT	SPEAKERS	NEWSLETTER	DISCUSSION	SPECIAL EVENTS	TOTALS	
TH	1								16			8			4		8	9			7	4	5												5		66	
F	2			17		7				13																	8	5										50
M	5					7	16		16												5	3						4							7		58	
T	6				8					11	3		6	5		11					8	4						4			6				8		74	
W	7			12				15													6	5						4	3						4		49	
TH	8								12			8			3		8	11			6	3	6					3		9		24		8				101
F	9																																			13	13	
M	10	C	L	O	S	E	D																														0	
T	13				4					8	5		4	10		9					6	4			1						7	6			8		72	
W	14							16																									37				53	
TH	15								16			6			2		7	7			8	4															50	
F	16	S	N	O	W																						3										3	
M	19					7	15		13												13	4													10		62	
T	20				4	9				12	5			5		12					6	7								5				5		70		
W	21			9				8													7	4			2											11	41	
TH	22	C	L	O	S	E	D																														0	
F	23	C	L	O	S	E	D																														0	
M	26					3	17		18												6	4													8		56	
T	27				4					11			5			5					6										10				4		45	
W	28			11				11													5	3															30	
TH	29								16			8			3		1	8			5	4	11										5				61	
F	30			12		4				10												5					5				15						51	
		0	0	61	20	37	48	50	107	65	13	30	15	20	12	37	24	35	0	94	94	22	0	3	0	16	20	3	9	28	45	0	50	0	59	24		
MONDAY																			TUESDAY				WEDNESDAY				THURSDAY				FRIDAY				TOTAL			
189																			261				173				278				117				1018			

You will need:

- Tax Information such as Forms W-2, 1099, 1098, 1095.
- Social security cards or ITIN letters for all persons on your tax return.
- Picture ID (such as valid driver's license) for you and your spouse.

• Please complete pages 1-3 of this form.

- You are responsible for the information on your return. Please provide complete and accurate information.
- If you have questions, please ask the IRS-certified volunteer preparer.

Volunteers are trained to provide high quality service and uphold the highest ethical standards.

To report unethical behavior to the IRS, email us at wi.voltax@irs.gov**Part I – Your Personal Information** (If you are filing a joint return, enter your names in the same order as last year's return)

1. Your first name	M.I.	Last name	Daytime telephone number	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Your spouse's first name	M.I.	Last name	Daytime telephone number	Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Mailing address			Apt #	City	State	ZIP code
4. Your Date of Birth	5. Your job title		6. Last year, were you: b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Legally blind <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Your spouse's Date of Birth	8. Your spouse's job title		9. Last year, was your spouse: b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Legally blind <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Can anyone claim you or your spouse as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure						
11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Part II – Marital Status and Household Information

1. As of December 31, 2018, what was your marital status?	<input type="checkbox"/> Never Married	(This includes registered domestic partnerships, civil unions, or other formal relationships under state law)
	<input type="checkbox"/> Married	a. If Yes, Did you get married in 2018? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Divorced	b. Did you live with your spouse during any part of the last six months of 2018? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Legally Separated	Date of final decree _____
	<input type="checkbox"/> Widowed	Date of separate maintenance agreement _____
		Year of spouse's death _____

2. List the names below of:

- **everyone** who lived with you last year (other than your spouse)
- **anyone** you supported but did not live with you last year

If additional space is needed check here ☐ and list on page 3

									To be completed by a Certified Volunteer Preparer				
Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, none, etc)	Number of months lived in your home last year	US Citizen (yes/no)	Resident of US, Canada, or Mexico last year (yes/no)	Single or Married as of 12/31/18 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes/no)	Did this person have less than \$4,150 of income? (yes/no)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no/N/A)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)					

Check appropriate box for each question in each section

Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Form 1099-MISC, cash)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. (A) Retirement income or payments from Pensions, Annuities, and or IRA? (Form 1099-R)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. (M) Income (or loss) from Rental Property?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, royalties, foreign income, etc.) Specify _____
Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> 401K (B) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (A) Deductions: <input type="checkbox"/> Medical & Dental (including insurance premiums) <input type="checkbox"/> Mortgage Interest (Form 1098) <input type="checkbox"/> Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> Charitable Contributions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (B) Student loan interest? (Form 1098-E)
Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (HSA) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (A) Have credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (A) Adopt a child?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) Live in an area that was declared a Federal disaster area? If yes, where? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Receive a letter from the IRS?

Check appropriate box for each question in each section

Yes	No	Unsure	Part VI - Health Care Coverage - Last year, did you, your spouse, or dependent(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Have health care coverage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (B) Receive one or more of these forms? (Check the box) <input type="checkbox"/> Form 1095-B <input type="checkbox"/> Form 1095-C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (A) Have coverage through the Marketplace (Exchange)? [Provide Form 1095-A]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3a. (A) If yes, were advance credit payments made to help you pay your health care premiums?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3b. (A) If yes, Is everyone listed on your Form 1095-A being claimed on this tax return?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Have an exemption granted by the Marketplace?

To be Completed by a Certified Volunteer Preparer (Use Publication 4012 and check the appropriate box(es) indicating Minimum Essential Coverage (MEC) for everyone listed on the return.)

Name	MEC All Year	No MEC	Months with MEC	Months with Exemption	Exempt All Year	Notes
Taxpayer			J F M A M J J A S O N D	J F M A M J J A S O N D		
Spouse			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		

Part VII – Additional Information and Questions Related to the Preparation of Your Return

- Provide an email address (*optional*) (*this email address will not be used for contacts from the Internal Revenue Service*) _____
- Presidential Election Campaign Fund (*If you check a box, your tax or refund will not change*)
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund ☐ You ☐ Spouse
- If you are due a refund, would you like:

a. Direct deposit	b. To purchase U.S. Savings Bonds	c. To split your refund between different accounts
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
- If you have a balance due, would you like to make a payment directly from your bank account? ☐ Yes ☐ No

Many free tax preparation sites operate by receiving grant money. The data from the following questions may be used by this site to apply for these grants. Your answers will be used only for statistical purposes.

- Would you say you can carry on a conversation in English, both understanding & speaking? ☐ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Prefer not to answer
- Would you say you can read a newspaper or book in English? ☐ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Prefer not to answer
- Do you or any member of your household have a disability? ☐ Yes ☐ No ☐ Prefer not to answer
- Are you or your spouse a Veteran from the U.S. Armed Forces? ☐ Yes ☐ No ☐ Prefer not to answer

Additional comments

Privacy Act and Paperwork Reduction Act Notice

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs. The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224

Consent to Disclose Tax Return Information to VITA/TCE Tax Preparation Sites

Federal Disclosure:

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

Terms:

Global Carry Forward of data allows TaxSlayer LLC, the provider of the VITA/TCE tax software, to make your tax return information available to ANY volunteer site participating in the IRS's VITA/TCE program that you select to prepare a tax return in the next filing season. This means you will be able to visit any volunteer site using TaxSlayer next year and have your tax return populate with your current year data, regardless of where you filed your tax return this year. This consent is valid through November 14, 2020.

The tax return information that will be disclosed includes, but is not limited to, demographic, financial and other personally identifiable information, about you, your tax return and your sources of income, which was input into the tax preparation software for the purpose of preparing your tax return. This information includes your name, address, date of birth, phone number, SSN, filing status, occupation, employer's name and address, and the amounts and sources of income, deductions and credits that were claimed on, or contained within, your tax return. The tax return information that will be disclosed also includes the name, SSN, date of birth, and relationship of any dependents that were claimed on your tax return.

You do not need to provide consent for the VITA/TCE partner preparing your tax return this year. Global Carry Forward will assist you only if you visit a different VITA or TCE partner next year.

Limitation on the Duration of Consent: I/we, the taxpayer, do not wish to limit the duration of the consent of the disclosure of tax return information to a date earlier than presented above (November 14, 2020). If I/we wish to limit the duration of the consent of the disclosure to an earlier date, I/we will deny consent.

Limitation on the Scope of Disclosure: I/we, the taxpayer, do not wish to limit the scope of the disclosure of tax return information further than presented above. If I/we wish to limit the scope of the disclosure of tax return information further than presented above, I/we will deny consent.

Consent:

I/we, the taxpayer, have read the above information.

I/we hereby consent to the disclosure of tax return information described in the Global Carry Forward terms above and allow the tax return preparer to enter a PIN in the tax preparation software on my behalf to verify that I/we consent to the terms of this disclosure.

Primary taxpayer signature

Date

Secondary taxpayer signature

Date

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by e-mail at complaints@tigta.treas.gov.

Consent to Disclose/Use Information to the VITA programs Relational Offices

Federal Disclosure

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. **If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.**

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

Terms:

I/We ☐ **do** ☐ **do not** authorize the AARP Foundation and TaxSlayer LLC as follows:

3 Years-Disclosure: Tax Preparer will disclose the Personal Information to the Software Developer through Software Developer's tax preparation software. **The Software Developer will disclose the Personal Information to the VITA program Relational Offices**

3 Years-Purpose: The purpose of the Disclosures is for the Software Developer to make available the Taxpayer's Personal Information to the VITA program Relational Offices in order for them to provide support and administrative assistance to the Tax Preparer

Taxpayer Signature: _____ **Date:** _____

Spouse Signature: _____ **Date:** _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

AARP Foundation Tax-Aide

- Please provide complete and accurate information throughout this entire form.
- You are responsible for the information on your return.
- If you have questions, please ask the IRS-certified volunteer preparer.



Many free tax preparation sites operate by receiving grant money. The data from the following questions may be used for statistical purposes to apply for these grants. ***Your answers have no bearing on the preparation of your tax return.***

Taxpayer

Which best describes your race? (select one)

Black or African-American ____

White ____

American Indian or Alaskan Native ____

Asian ____

Native Hawaiian or other Pacific Islander ____

Other ____

Multi-racial ____

Prefer not to answer ____

Are you of Hispanic, Spanish or Latin origin? Yes ____ No ____ Prefer not to answer ____

What is your gender? Male ____ Female ____ Transgender ____

Prefer to self-describe ____

Prefer not to answer ____

How many people, including you, are part of your household? (Your household includes you and the number of other people financially supported by your annual household income.) (select one)

1 ____ (yourself) 2 ____ 3 ____ 4 ____ 5 ____ 6 or more ____

Prefer not to answer ____

We realize that income is a private matter and want to respect that privacy. So rather than ask anything specific about your income, please indicate your annual household income last year. (select one)

\$30,000 or less ____

\$30,001 – \$40,000 ____

\$40,001 – \$51,000 ____

\$51,001 – \$61,000 ____

\$61,001 – \$71,000 ____

\$71,001 – \$82,000 ____

\$82,001 – \$166,000 ____

\$166,001 or more ____

Prefer not to answer ____

Did you save part of your tax refund last year?

No refund last year ____ Yes ____ No ____ Don't remember ____

Prefer not to answer ____

Spouse

Which best describes your race? (select one)

Black or African-American ____

White ____

American Indian or Alaskan Native ____

Asian ____

Native Hawaiian or other Pacific Islander ____

Other ____

Multi-racial ____

Prefer not to answer ____

Are you of Hispanic, Spanish or Latin origin? Yes ____ No ____ Prefer not to answer ____

What is your gender? Male ____ Female ____ Transgender ____

Prefer to self-describe ____

Prefer not to answer ____

Consent for AARP Foundation to use select tax return information to provide you with additional information about other free AARP Foundation programs or services

Federal Disclosure

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

Terms:

The AARP Foundation Tax-Aide program is one of several free programs or services that AARP Foundation provides in support of low-income and vulnerable older Americans. In addition to Tax-Aide, AARP Foundation offers free programs or services related to Experience Corps (volunteer tutoring teaching children to read), Housing, Hunger, Income, Isolation, Volunteer Engagement, and Workforce and Jobs. Some or all of these programs or services may be relevant to you.

If you would like AARP Foundation to use your tax return information to help determine whether other free AARP Foundation programs or services might be available and relevant to you, and to send you details about how to access these programs or services, please sign and date this consent to the use of your tax return information.

I/We ☐ **do** ☐ **do not** authorize the AARP Foundation to use my/our contact and personal information (name, address, email address, phone number), age, adjusted gross income, household size and income, and refund allocations from my/our tax return information to determine whether to provide me/us additional information about other free AARP Foundation programs or services.

Taxpayer Signature: _____ **Date:** _____

Spouse Signature: _____ **Date:** _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Information Regarding Consent Forms and Questions

Welcome to our AARP Foundation Tax-Aide site. This year, in addition to the normal tax return-related questions, you will find three consent forms and a request for demographic information in the Intake Booklet. The following information is provided to help you decide whether you wish to give your consent and answer the questions.

Form 1 – Consent to Disclose Tax Return Information to other sites. If you had your tax return prepared at this site last year, some of your information (name, address, dependents, payers, etc.) was added to this year's return as soon as we entered your Social Security Number. This allowed us to prepare your return more accurately and efficiently. You now have the option of having this happen next year if you go to any other AARP Foundation Tax-Aide or VITA Site.

Sign this form if you want your information to be available at any AARP Foundation Tax-Aide or VITA Site you decide to use next year. **If you do not sign the form, your information will still be available at this site.**

Form 2 – Consent to Disclose/Use Information. AARP Foundation Tax-Aide relies on funding from multiple sources to provide this free tax assistance service. Sign this form if you want to allow information from your tax return including the answers to the demographic questions below to be included in our aggregated national statistics that support the funding of this free service. These statistics will not include your personal information and your information will not be used for commercial purposes. **If you do not consent, it will not affect the preparation of your return. However, we will not be able to e-File your return. We will provide you a paper return that you must mail to the IRS and you will have a longer wait to receive any refund.**

Demographic Questions: This is a set of questions about your (and your spouse's, if filing jointly) race, gender, income, etc. The data from these questions are used only for statistical purposes to report to funders and apply for grants to fund this free tax assistance service. **Your answers will not affect the preparation of your return.**

Form 3 – Consent for AARP Foundation to use select tax return information to send you information on other free AARP Foundation programs and services. AARP Foundation has several valuable free programs and services dealing with income, housing, hunger, volunteering, employment, and more that may be of interest to you.

Sign this form if you want to allow AARP Foundation—the charitable arm of AARP—to send you information about free programs and services that may be of benefit to you. (Note: this will **NOT** include any offers from the commercial side of AARP.) **If you do not consent, it will not affect the preparation of your return.**

Programs other than open swim/lap swim are for ages 19 and up unless age is noted

POOL SCHEDULE

updated 10/14/14

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
7:00 - 6:00 pm	6:00 am - 9:30 pm	6:00 am - 9:30 pm	6:00 am - 9:30 pm	6:00 am - 9:30 pm	6:00 am - 9:30 pm	6:00 am - 8:00pm	
7-10 am Open/Lap swim Main Pool	6-8:30 am lap swim main pool	6-8:30 am lap swim main pool	6-8:30 am lap swim/lap swim main pool	6-10:00 am Open swim/lap swim	6 am -10:00 am Open swim/lap swim	6-8:30 am lap swim main pool	Lap/Open Swim Water polo
10-11:30 am Water Polo (12-17 yrs) 1/2 Main Pool	9-10 am Water Fitness Low Impact main pool (3 lap lanes)	7:30-8:30 am Water Fitness high impact main pool (3 lap lanes)	8:30-9:30 am Aqua Zumba Main Pool (3 lap lanes)	10-11:30 am Water Polo - Seniors 1/2 Main Pool	10-12:30 am Senior Pool Party	9-10 AM Adaptive Swim Lessons Main pool 4 lap lanes (4+)	Swim Lessons Seniors only
10-11:30 am Open Swim 1/2 main pool; 11:30-1:00 pm Lap Swim	10:30-11:30 am 11:30- 12:30 pm Senior Fitness - 55+ main pool (3 lap lanes)	8:30-9:30 pm Open swim/lap swim	9:30-2:30 pm Open Swim/lap swim	11:30 am - 2:30 pm open Swim/lap swim	12:30 - 2:30 pm open Swim/lap swim	10-11 PM Youth Swim Lesson main pool 4 lap lanes (4-12 yr)	Water Fitness Diving Program
1-2 pm Adult Swim Lessons (3 lap lanes)	9-12:30 pm Open Swim/Lap swim (3 lanes)	6:30-7:30 pm Aqua Zumba Main Pool (3 lap lanes)	2:30-5 pm Water Polo 1/2 main pool age 12- 17/2 main pool	2:30-5 pm Swim Team Clinic main pool (age 6- 17) (3 lap lanes)	2:30-5 pm Swim Team Clinic main pool (age 6- 17) (3 lap lanes)	9-11 pm lap swim 2 lap lanes	Swim Team Aqua Arthritis
2-4 pm Teen swim Lessons (11-17) (3 lap lanes)	12:30-2:30 Lap Swim	2:30-5 pm Water Polo 1/2 main pool age 12-17	2-2:45 pm 3-3:45 pm Aqua Arthritis Leisure Pool	2-4 pm Teen swim Lessons (11-17) (3 lap lanes)	6-9 pm Under Water Hockey main pool (13- 17)	1-2:30 pm Open swim/lap swim	Scuba Swim Team Clinic
1-4 pm Drop in Seniors Water games - ie basketball, volleyball, Water polo (3 lap lanes)	2:30-5 pm Water Polo 1/2 main pool age 12-17 2:30 5 pm open swim 1/2 main pool	5-8 pm Swim Team Main pool (3 lap lanes) (6-17)	5-8 pm Swim Team Main pool (3 lap lanes) (6-17)	5-8 pm Swim Team Main pool (3 lap lanes) (6-17)	2:30-5 pm Swim Team Clinic main pool (age 6- 17) (3 lap lanes)		
4-5:30 pm Open/Lap Swim	5:45-6:45 (13-18) main pool Diving L	7:30-9 pm Scuba main pool diving L and 3 lap lanes (14 and up)	6-7 pm Water Fitness Low Impact main pool (3 lap lanes)	8-9:30 pm Lap Swim		5-7:30 pm Open swim /Lap swim	
	5-8 pm Swim Team Main pool (6-17)	8-9:30 pm Lap Swim (3 lap lanes)	7-8 pm Water Fitness high impact main pool (3 lap lanes)		6-9 pm Once a month Family Special Event i.e. Inner tube water polo; Dive in Movie; Pool Party - Lue, DJ		
Times available for pool Party	2-2:45 pm 3-3:45 pm Aqua Arthritis Leisure Pool	Times available for pool Party	8-9:30 pm Lap Swim (3 lap lanes)	Times available for pool Party	Times available for pool Party	Times available for pool Party	

DIRECTOR OF SOCIAL SERVICES/MUNICIPAL AGENT FOR THE ELDERLY

December 2018

Program Statistics

Energy Assistance Applications – 2018-2019 (131 applications – 76 Senior/Disabled = 58%)

Food Pantry (56 individuals/families visit weekly – 39 Senior/Disabled = 69%)

Operation Fuel (Winter) – 2 applications – total \$839.00

Salvation Army (2018-2019) – (8 applications to date - \$3,412.18 total – 4 Senior/Disabled = 50%)

- Distributed Holiday Baskets to 68 families; 32 are Senior/Disabled.
- Attended FONS holiday party at Sal e Pepe and received a very generous gift card to Caraluzzi's (given to FONS by Newtown Savings Bank). Will be given a senior client to help with their holiday shopping.
- Food pantry donations have been very generous and we are receiving quite a bit of help from high school students to sort and shelve the items.

<u>COA/SENIOR SERVICES GIFT FUND</u>							
				FRANK KNOTTS TRUST FUND	NEW SENIOR CENTER	GRANT	BALANCE
DATE	RECEIPTS/DISBURSEMENTS	C/D	C/R				
7/1/18	Beginning Balance						\$45,027.86
7/18/2018	Qrtly Distribution- Knotts Trust			\$649.95			\$45,677.81
9/13/2018	Ck #33354- Newtown Labor Day Parade	-\$100.00					\$45,577.81
9/30/2018	Aug P-Card-Holiday Inn- (13 People)	-\$442.00					\$45,135.81
10/18/2018	Qrtly Distribution- Knotts Trust			\$649.95			\$45,785.76
11/16/2018	Annual Bazaar- Receipts T-28167		\$2,059.75				\$47,845.51
	(earmarked for Bazaar volunteers)						
11/28/2018	Oct P-Card-Michael's At The Grove -Dep for Holiday Part	-\$200.00					\$47,645.51
11/29/2018	Dist. Deficiency payment for 2017(Knotts Trust)			\$377.00			\$48,022.51
12/6/2018	Ck #34393- John Hemberger- Holiday Party 12/6/18	-\$200.00					\$47,822.51
12/11/2018	Tree from Bazaar T-31040		\$25.00				\$47,847.51
12/11/2018	Raffle Holiday Party T-31041		\$238.00				\$48,085.51

From: curtsymes@aol.com
To: annawiedemanncoa@gmail.com
Cc: jboccuzzi@yahoo.com, dancrosenthal@gmail.com
Sent: 12/12/2018 4:06:04 PM Eastern Standard Time
Subject: Fwd: COA Meeting 12/17/2018 AGENDA

Anna,

I will be all set to discuss the Transportation Mtg. as part of our Agenda.

The Transportation Mtg. went very well last eve. Very informative with much Q&A among the 2 Reps and 6 Newtowners - myself, JohnB, NedS, LouiseZ, DebZ from FFH Mstr. Plan and her husband.

We learned a lot that I will discuss and John will add to. The disappointing part is that the process is not very flexible or aggressive in dealing with major (and some minor) probs/issues. When I moved to Ntn. in 1970 they were working to complete I-84 Exit 11 and here we are almost 50 yrs. later and the St. of CT is still working on the I-84 Exit 11 problems. I now realize how ineffective/screwed-up the State is on these major Roadway/Highway Issues.

The 2 Reps from WestCOG were great last night (open, honest, upfront) but they are fighting a thankless/losing battle in trying to effect change.

Supposedly they can influence things down the "proverbial road", but the proof of the pudding will be the next Published Plan in 2Q19. So, as JohnB said, we will have to wait and see. The Good News is that the Reps are here with offices in Sandy Hook. So they are accessible and willing to listen but can they really effect change, based on our inputs and the notes that they took last eve. We went from 6:30 to 8:15 when the Library closed and ejected us.

A good investment of time, however, in terms of now understanding the process! Funding/Money appears to be the major issue after a town/area effectively makes its case. Danbury I-84 Exits 1 thru 6 (now announced as outplan for more years) appear to be a good example. Also, given the process, bureaucracy and work methodology, it is roughly 4 yrs. to accomplish something from Work Scope Definition to Funding to Completion.

Curt

From: sgobbojune@gmail.com
To: annawiedemanncoa@gmail.com, arothstein@aol.com, bbloom4388@aol.com, ctheune@att.net, curtsymes@aol.com, westonlawfirm@aol.com, jboccuzzi@yahoo.com, passer624@aol.com, lereinebus@gmail.com, schmidsr@msn.com, maureenwill1071@sbcglobal.net, jamrr@aol.com, town.clerk@newtown-ct.gov
Sent: 12/12/2018 1:28:00 PM Eastern Standard Time
Subject: COA Meeting 12/17/2018 AGENDA

Commission On Aging - attached please find the agenda for the December 17, 2018 Commission On Aging meeting.

Town Clerk - please post.

Thank you.

Regards,

June

June Sgobbo, Clerk



Town of Newtown Age Friendly Livable Community Initiative

Motion:

The Commission on Aging moves that the Newtown Senior Center and Friends of Newtown Seniors (FONS) collaborate to develop, maintain and share use of a digital List of Newtown Seniors with postal and email address. The shared list will enable the broadest possible communications to all Newtown seniors by sharing maintenance and use of a master list of seniors and contact information by both the Senior Center and FONS.

From a foundational agreement between Newtown Senior Services and FONS covering roles, responsibilities, privacy and respect for subscribers' preferences and permissions, the initial use of the list should be communication in the spring 2019 regarding the new Senior Center with an invitation to subscribe to other communications from FONS and/or the Senior Center.



Discussion:

The Newtown Age Friendly Livable Community Senior List Work Group is bringing forward this motion.

Work Group members: Barbara Bloom, Mary Maday, Katherine Simpson, Wes Thompson, Anne Rothstein

The Digital List

An electronic file, likely in a Constant Contact Inc. cloud service, would contain the names, addresses, and emails of Newtown seniors and others interested in senior topics. Each person's record would contain identification of how and when they were added along with their preferences for which email communications they want to receive. Initially the preferences would be Senior Center, FONS or both based on imported data. Both the Senior Center and FONS could author and send email communications to those with their respective preference as well as join in collaborative communications. Over time subscriber preferences could be expanded (e.g., information on social events, volunteer opportunities, or classes). Also, additional Town organizations (e.g., Parks and Recreation or Community Center) could be added to the collaborative.

List Development

1. Import sources with initial email use permissions based on import source:
 - a. Voters registration
 - b. COA/Senior Center membership and mailing lists, including emails
 - c. FONS/AFLCI membership and mailing lists, including emails
2. Additional collection sources:
 - a. Joint hard copy mailing
 - b. Outreach to community organizations through whom members will be invited to subscribe
 - c. Bee articles



Town of Newtown Age Friendly Livable Community Initiative

Use Permissions and Restrictions

1. Require privacy agreements from COA/Sr Center and FONS/AFLCI-Sr List staff and volunteers who view or use the mailing list
2. In compliance with federal law, restrict outgoing email messages based on import source and subsequent additional opt-in subscribers
3. Establish system of subscriber-expressed email preferences
4. Establish privacy policies for users and subscribers
5. Offer all subscribe/opt-in options on all outgoing messages regardless of filter

Advantages of partnership and single shared master list

1. Maximizes potential audience for senior-related communications
2. Retains integrity of current COA/Sr Center focus on membership and program participant while expanding capacity for outreach to Newtown seniors
3. Provides efficiency of sharing and eliminates duplicate effort
4. Enables legal use of "subscribe/opt-in" email permissions based on existing COA/Sr Center and FONS/AFLCI mailing lists, maximizing cost-reducing email communication in lieu of hard copy
5. Incorporates filters for expressed subscriber preferences
6. Creates volunteer pool for shared benefit in initial list development and ongoing maintenance
7. Enhances grant eligibility (via FONS 501c3)

Discussion:



Town of Newtown Livable Community – Age Friendly Community Initiative

Steering Committee Notes Wednesday December 12, 2018

Members John Boccuzzi, Ned Simpson, Tracy Brady Bill Brimmer Steve Curt Symes, Rosenblatt, Anna Wiedemann, Gary MacRae, Pat Llodra and Anna Marie DeMattei

I. Work Group Reports

For Work Groups formed at the August 2018 Workshop

Status	Work Group
In Process	A. Create a Newtown seniors distribution list (email and postal addresses) <ul style="list-style-type: none">List Work Group request to COA/Senior Center for COA 12/17 meeting. List WG wants to collaborate with Sr Center in creating a Senior postal and email distribution list. Anna W will place this on the 12/17 agenda.
Re-start	B. Conduct a study of current transportation services <ul style="list-style-type: none">NAFLC Workgroup meeting 12/18: Jennifer Clark, Caroline Mackinnel, Lauren Stowell and Sheila Torres
In Process	E. Investigate the RUOK system to check in on seniors <ul style="list-style-type: none">Strong interest among Newtown seniors for this service surfaced at workshops and work sessions. Anna Marie DeMattei reported her findings from Southbury and Monroe. Both are working well with limited resource draw. "Easy peasy"Anna D to continue to gathering information from Wilton and Easton, contact the vendor, and draft a report of findings and a recommendation for Newtown
In process	F. Senior/Volunteer spotlight or column in The Bee and Voices <ul style="list-style-type: none">John had a very good meeting with the editor. The Bee is very interested in more content for seniors and being the FONS supported community calendar.Ned S & Gary M will follow-up on the town event calendar.
Stalled	I. Chore services available for Newtown <ul style="list-style-type: none">Implement the New Milford Model in Newtown – Looking for volunteer leadership to implement
Monitor	G. Submit program ideas to the COA New Senior Center Program Sub Committee – No Report
Ongoing	J. Social Inclusion
Ongoing	C. Hold regular meetings between School System and Seniors <ul style="list-style-type: none">Monthly meetings are going well. In January will address what to do and achieve
Complete	K. Housatonic Habitat for Humanity Brush with Kindness <ul style="list-style-type: none">In place with Newtown Social Services
Complete	L. National Forum on responding to dementia. <ul style="list-style-type: none">An Alzheimer's Assoc program well attended including First Selectman and three members of the Newtown Police force
Hold	H. Conduct First Responder training for dementia
Hold	D. Bring Habitat for Humanity housing project to Newtown

Senior Group Roles

- CoA: Senior Center programs, senior services, senior advocacy, agent for Federal, State or Town boards, commissions, authorities or agencies
- FONS: Source for volunteers, activity sponsorship, communications vehicle, and senior advocacy
- NAFLC Steering Committee: Monitor and facilitate work on NAFLC goals & objectives. Communicate/coordinate with other Town initiatives. Tactical in nature