airc aging
AREA AGENCY ON AGING

AREA PLAN

For The Period October 1, 2025
Through September 30, 2029

KAY IVEY
GOVERNOR

STATE OF ALABAMA
DEPARTMENT OF SENIOR SERVICES

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October 15, 2025

Ms. Delia Brand, AAA Director
Alabama Tombigbee Regional Commission (ATRC)
107 Broad Street
Camden, AL 36726

Dear Ms. Brand,

I am pleased to inform you that ATRC's Area Plan on Aging under the Older Americans Act for October 1, 2025 – September 30, 2029, has been approved.

The Area Plan outlines significant activities that will serve as a guide for the Alabama aging services network during the next four years. Of particular note is ATRC's commitment to older adults with greatest economic and social need, people with disabilities, and caregivers.

I appreciate your commitment and dedication to ensuring the continuity of quality services for those we serve, and am delighted to see that ATRC will continue to be an effective and visible advocate for the populations being served.

The Alabama Department of Senior Services looks forward to working with you in the implementation of the 2026-2029 Area Plan. If you have any questions or concerns, please contact Nick Nyberg at (334) 242-5767 or nick.nyberg@adss.alabama.gov.

Thank you for all you and your team do to improve the lives of Alabamians in ATRC's region.

With warmest regards,

Jean W. Brown
Commissioner

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Executive Summary

The Alabama Tombigbee Regional Commission Area Agency on Aging (ATRC Aging) was created in 1973 to plan, coordinate and advocate for the development of a service-delivery system capable of meeting the needs of seniors, persons with disabilities, and caregivers in the region. In its designation as the Area Agency on Aging for Southwest Alabama, ATRC Aging serves a ten-county region including Choctaw, Clarke, Conecuh, Dallas, Marengo, Monroe, Perry, Sumter, Washington, and Wilcox counties. At present, the older adult population in the region is around 51,171 individuals aged 60 and older.

The Alabama-Tombigbee Regional Commission (ATRC), founded in 1970, is the parent body of ATRC Aging. ATRC is a multi-funded regional (sub-state) planning and development commission governed by a 12-member Board of Directors consisting of county and municipal elected officials, representatives of business and industry, and minority leaders. The Board is assisted by an Advisory Council, a voluntary body of 22 citizens representing all areas of the region, the majority being over the age of 60. The AAA's Advisory Council meets quarterly to advise the AAA on services, policy, and advocacy issues for seniors. The Advisory Council provides ongoing input on the development and implementation of the multi-year plan and annual plan updates.

ATRC Aging's primary partner is the Alabama Department of Senior Services (ADSS), which receives federal funding from the Older Americans Act (OAA) and other programs funded by the Administration for Community Living (ACL), Centers for Medicare and Medicaid Services (CMS), U.S. Department of Labor, Alabama Medicaid Agency, and the State of Alabama.

Another partner since 2018 has been Alabama Select Network, the state's Integrated Care Network administering the Medicaid Waiver program under contract with Alabama Medicaid Agency. Alabama Select Network contracts directly with Area Agencies on Aging for the case management of clients on the Elderly and Disabled (E&D), Technology Assisted (TA), and the Alabama Community Transition (ACT) Waivers. Under these contracts the AAAs seek to fill available slots to serve more clients than was possible under the previous fee for service system. This has virtually eliminated waiting lists and reduced the amount of time to access home and community-based services. ATRC Aging has seen tremendous growth in these programs, making our Medicaid Waiver program one of the largest in the state.

ATRC Aging supports a range of services available to senior citizens, caregivers and people with disabilities largely through contracts with local governments, public organizations, and private organizations. Through these contracts we deliver a wide range of in-home and community-based services including meals, transportation, senior activity centers, and in home care services. During fiscal year 2024 over 6,000 people received services through ATRC Aging.

This Area Plan will serve as a guide for ATRC Aging over the next four-year period covering October 1, 2025, through September 30, 2029. It contains the goals and objectives we plan to administer to meet the needs of older adults, people with disabilities, and caregivers in the region. The plan will be reviewed on an annual basis to allow updates and adjustments based on current trends or needs of the populations served. This Area Plan is presented to provide a profile of the characteristics of the region, to describe the services and programs offered, and to address challenges and strategies in addressing current and future needs of the population.

The **mission** of ATRC Aging is to support senior citizens through a system of long-term care options which meets their needs and guarantees the opportunity to live full and meaningful lives. The **vision** is to offer services across the spectrum of care, from independent living to skilled nursing, and to provide person-centered access for older adults, caregivers, and people with disabilities.

As employees of Alabama Tombigbee Regional Commission, we live by these organizational values:

- Commitment to Community-We are dedicated to improving the lives of everyone who lives here, and connecting our clients, agencies, leaders and community partners to resources to help them help themselves.
- Commitment to Consistency-We focus on building and maintaining consistent processes, policies, and training so our organization can grow and create impact.
- Commitment to Communication-We are committed to transparent and ongoing communication in all that we do.

Context

Introduction

In planning for the Area Plan, ATRC utilized the following sources for understanding the needs of those we strive to serve:

- ADSS needs assessment surveys completed by seniors across the state
- Public Input from ADSS town hall meetings in several locations
- The top ten referrals made by ATRC Aging's Aging and Disability Resource Center

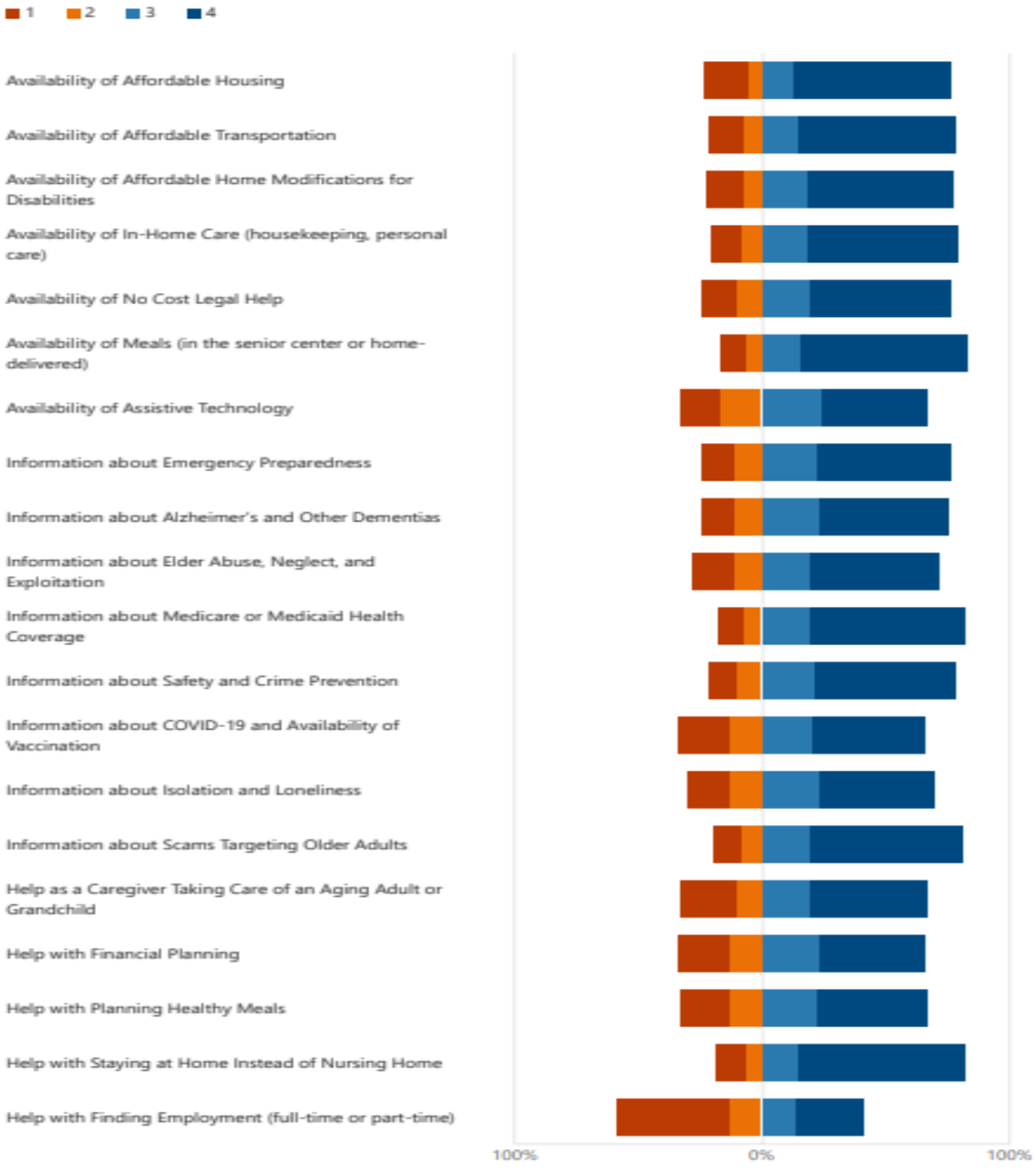
Additionally, we consulted with Executive Board and Advisory Council members and analyzed statistics from the US Census Bureau, Alabama Department of Public Health and research from experts such as the National Association of Area Agencies on Aging (N4A), and the Administration for Community Living among others.

ADSS Needs Assessments were completed by 3,274 individuals in the State. (See Attachment M). ATRC Aging participated by encouraging responses from individuals residing in the region. Due to the high response rate from our region, we are confident the results are an accurate description of needs in our area. After statewide results became available, ATRC reviewed and discussed the needs survey results with members of the AAA Advisory Council and the ATRC Executive Board.

The Area Plan was reviewed and approved by both the AAA Advisory Council and the ATRC Board. The Area Plan was posted on www.atrcaging.com for public review from August 18-September 4, 2025. No comments or questions were received from the public during this time.

Evaluation of Needs

Needs Assessments Results			
			TOTAL
			3274
Race			
American Indian or Alaska Native	42	Native American	99
Asian or Asian American	17	White	2061
Black or African American	1014	Other	32
Native Hawaiian or Pacific Islander	6		
Ethnicity			
Hispanic or Latino	130	Not Hispanic or Latino	3129
Monthly Income Range			
$1,255 or Less	1124	Greater than $1,255	2138
Age Range			
Under 60	414	60 or Older	2860
Location			
Rural	1751	Non-Rural	1518
Do You Live Alone?			
Yes	1665	No	1609
Do You Feel Socially Isolated and/or Lonely?			
Yes	718	No	2553
Are You a Person Living with a Disability?			
Yes	1340	No	1933
Are You a Caregiver Taking Care of Someone Else?			
Yes	630	No	2638
Family Member or Friend Who Would Take Care of You?			
Yes	2064	No	519
Don’t Know	686		


1
2
3
4
Availability of Affordable Housing
Availability of Affordable Transportation
Availability of Affordable Home Modifications for Disabilities
Availability of In-Home Care (housekeeping, personal care)
Availability of No Cost Legal Help
Availability of Meals (in the senior center or home-delivered)
Availability of Assistive Technology
Information about Emergency Preparedness
Information about Alzheimer's and Other Dementias
Information about Elder Abuse, Neglect, and Exploitation
Information about Medicare or Medicaid Health Coverage
Information about Safety and Crime Prevention
Information about COVID-19 and Availability of Vaccination
Information about Isolation and Loneliness
Information about Scams Targeting Older Adults
Help as a Caregiver Taking Care of an Aging Adult or Grandchild
Help with Financial Planning
Help with Planning Healthy Meals
Help with Staying at Home Instead of Nursing Home
Help with Finding Employment (full-time or part-time)
100%
0%
100%

Top Ten Referrals made by the ADRC

FISCAL YEAR 2024

1.	E & D WAIVER	612
2.	ALABAMA CARES	285
3.	FARMERS MARKET	141
4.	LIFESPAN RESPITE	131
5.	HOMEBOUND MEAL PROGRAM	107
6.	OTHER (including MSP & Grandparent's Program)	64
7.	SENIORX/MEDICATION MANAGEMENT	62
8.	SHIP	21
9.	SNAP/AESAP	12
10.	TRANSPORTATION	5

FISCAL YEAR 2025 (OCTOBER – JUNE 30, 2025)

1.	E & D WAIVER	386
2.	ALABAMA CARES	143
3.	LIFESPAN RESPITE	115
4.	HOMEBOUND MEAL PROGRAM	79
5.	FOOD ASSISTANCE	73
6.	SENIORX/MEDICATION MANAGEMENT	34
7.	SHIP	21
8.	FARMERS MARKET	13
9.	SNAP/AESAP	9
10.	OTHER (including MSP & Grandparent's program)	9

Based on results of the statewide Needs Survey as well as referrals from the ADRC to available AAA programs, some of the most critical needs by older adults are:

Help staying at home and avoiding institutional care. The AAA can assist by providing home and community-based services such as Waiver, Alabama Cares, Lifespan Respite, and In Home services. These programs provide homemaker and personal care services along with other benefits to support community living.

Availability of Meals and other Food Assistance. AAAs support good nutrition through meals offered in senior centers, home delivered or frozen meals and can all connect people to food assistance with AESAP, and Farmer's Market application assistance.

Information about Safety, Crime Prevention and Scams targeting older adults. AAAs work to raise awareness of elder abuse, neglect and exploitation while sharing information and assisting with frauds and scams.

Information about Medicare and Medicaid health coverage. The ADRC screens for eligibility and connects individuals to these vital programs.

Demographics and Characteristics of the Region

In addition to examining needs survey results and referral patterns, ATRC AAA examined several characteristics of the region, including race, ethnicity, income, poverty, disabilities, dementia prevalence, causes of death and health ranking indicators. Collection of this data helps us better understand the unique needs of the region.

The ATRC region is a 10-county 9,600-square-mile area located in southwest Alabama within the boundaries of what is known as the Black Belt Region of the state, named for the band of rich black soil that stretches from Texas to Virginia. With the collapse of the plantation economy during the civil war era, the population began to shift from the rural farming areas to the more urban areas. Urban shift continues, reflected by a 7% overall population decrease from the 2000 census to the 2010 census and an 11% decrease from 2010 to 2020.

The ATRC region represents 18 percent of the state's land area and had a population of 171,750 in 2020, according to the U.S. Census.

Of the total ATRC population of 171,750, those aged 65 or older make up 17.7 % or 30,436 (US Census 2010). Projections show expected growth of the senior population.

AL County Population Age 65 and Over 2000-2010 and Projections 2020-2040
(Middle Series) ***2018 series***

	Census 2000	Census 2010	2020	2025	2030	2035	2040	Change 2010-2040 Number	Change 2010-2040 Percent
Alabama	*579,798*	*657,792*	*851,293*	*970,297*	*1,067,787*	*1,114,140*	*1,144,172*	*486,380*	*73.9*
Choctaw	2,332	2,519	2,889	3,040	3,111	3,021	2,895	376	14.9
Clarke	3,764	4,174	4,952	5,388	5,623	5,584	5,396	1,222	29.3
Conecuh	2,223	2,362	2,929	3,199	3,399	3,342	3,217	855	36.2
Dallas	6,428	6,165	6,968	7,728	8,156	7,971	7,663	1,498	24.3
Marengo	3,287	3,424	3,979	4,332	4,512	4,541	4,475	1,051	30.7
Monroe	3,363	3,618	4,308	4,751	5,075	5,141	5,076	1,458	40.3
Perry	1,762	1,769	1,786	1,890	1,873	1,774	1,687	-82	-4.6
Sumter	2,056	2,063	2,537	2,933	3,117	3,055	2,908	845	41.0
Washington	2,246	2,590	3,227	3,589	3,854	3,936	3,872	1,282	49.5
Wilcox	1,810	1,752	2,170	2,396	2,461	2,402	2,268	516	29.5
	29,271	30,436	35,745	39,246	41,181	40,767	39,457	9,021	29.6

Note: These projections are driven by population change between Census 2000 and Census 2010, taking into account 2017 population estimates. Data on births and deaths for 2000 to 2010 as well as more recent data from the Alabama Department of Public Health are used to derive birth and death rates for the state and each county.

Source: U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, April 2018.

Of the total ATRC population of 171,750 in 2020, 56.3 percent are minority. The largest minority group is Black or African American, making up 53.3%. The second largest minority group is those of two or more minority groups, making up 2.4%. The Hispanic population is low, at only 1%. Whites or Caucasians make up 44% of the population.

ATRC Age 60+ POPULATION BY GENDER (2020)

Region	Total 60+ population	Male	Female
ATRC	48,434	21,630	26,804
Percentage		45%	55%

Source: U.S. Census Bureau, 2020 Census of Population

Among the 60+ population in the region, women make up 56% and men 44%.

ATRC'S URBAN AND RURAL POPULATION BY COUNTY (2020)

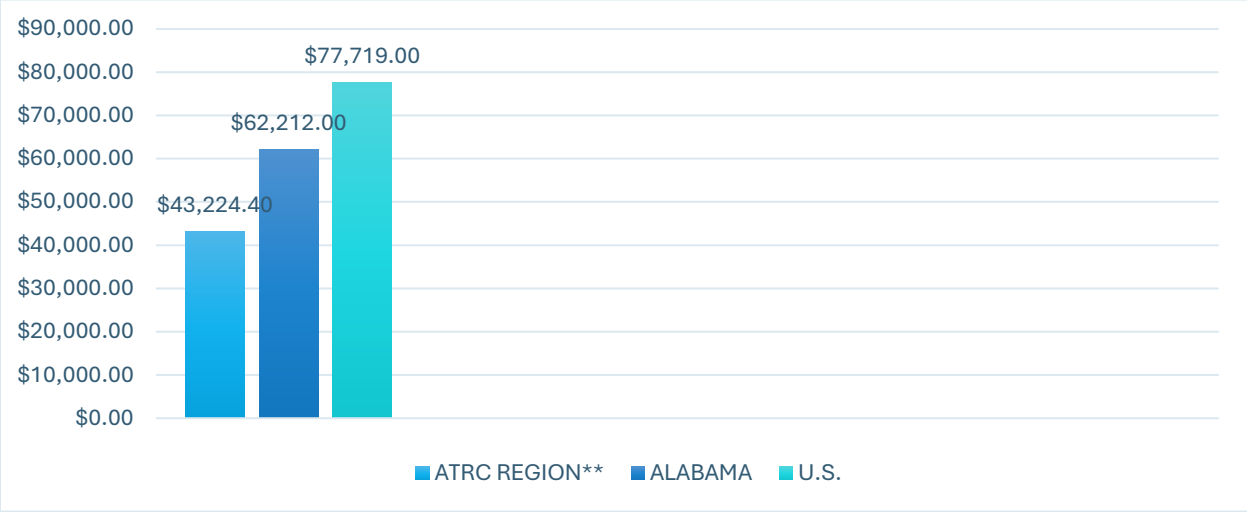
COUNTY	TOTAL POPULTION	URBAN	PERCENT URBAN	RURAL	PERCENT RURAL
ATRC	171,750	31,718	18.5%	140,032	81.5%

Source: U.S. Census Bureau, 2020 Census of Population

Although the US Census Bureau table above shows the region as 81.5% rural, a report jointly produced by The Office of Primary Care and Rural Health, Alabama Department of Public Health and The Alabama Rural Health Association defines the entire region as being rural. For this definition the four major indicators of rurality are population per square mile, the size and number of cities in a county, percentage of total employment comprised by employment in public education, and per capita agricultural sales.

Poverty is widespread in the region. According to the US Census Bureau, 2023 American Community Survey five-year estimates, the median household income in the region was $43,224 compared to $62,212 for the state of Alabama, and $77,719 for the nation. Per capita income in the past 12 months (in 2023 inflation-adjusted dollars) was $25,173.50 in the region (American Community Survey).

MEDIAN HOUSEHOLD INCOME



*Median household incomes reflect inflation-adjusted 2023 dollars.

**The ATRC Region includes the following counties in Alabama: Choctaw, Clarke, Conecuh, Dallas, Marengo, Monroe, Perry, Sumter, Wilcox, Washington

U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates

A map showing Alabama population in poverty by county is in Attachment H.

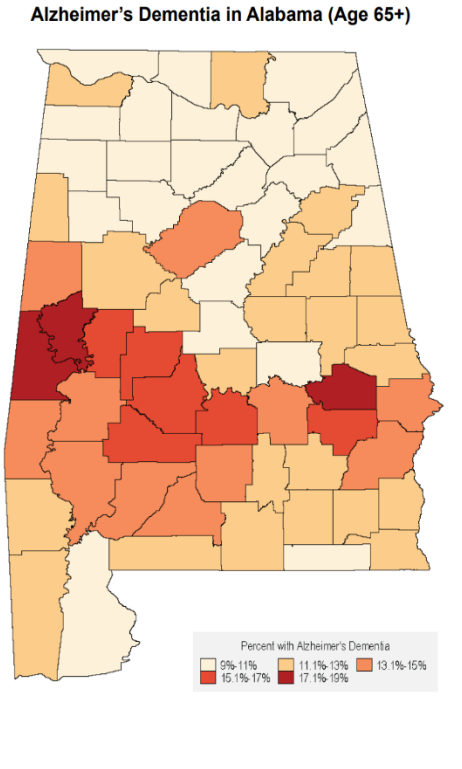
Number of Individuals in the ATRC Region* by Disability Status**

	Estimate
With a disability	33,735
With a hearing difficulty	7,481
With a vision difficulty	7,560
With a cognitive difficulty	11,722
With an ambulatory difficulty	20,424
With self-care difficulty	6,510
With an independent living difficulty	13,239
No disability	133,040

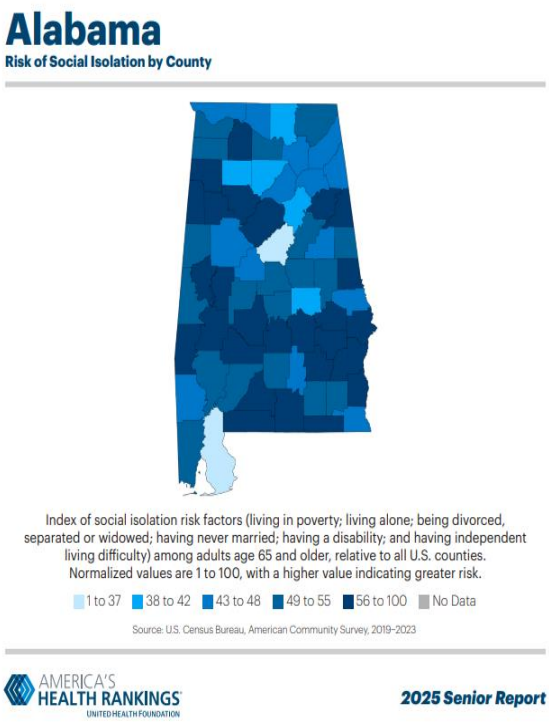
*The ATRC Region includes the following counties in Alabama: Choctaw, Clarke, Conecuh, Dallas, Marengo, Monroe, Perry, Sumter, Wilcox, Washington

** U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates

Disability status in the region shows the most prevalent type is ambulatory difficulty, followed by independent living difficulty, then cognitive difficulty.



Alzheimer's and Dementia prevalence is higher in the region compared to most of the state. Several counties in the region ranked in the highest percentage.



Social isolation, always a concern for the senior population, was exacerbated by the COVID19 pandemic. Social isolation risk is prevalent in the region, with several counties in the region ranked as having the highest possible risk.

In Americas Health Rankings 2025 Senior Report, Alabama ranks 44 out of 50 overall. Areas with lowest scores exist in Health Behaviors such as nutrition and physical activity, Health Outcomes such as physical health and mortality, Social and Economic Factors such as social support and engagement, and Clinical Care such as preventive services and access to/quality of care. (See Attachment I)

A review of the fifteen leading causes of death in Alabama shows heart disease and malignant neoplasms (cancer) as the top two, exceeding the others by a significant amount. (See Attachment J)

ATRC Aging Description of Services

ATRC Aging provides a range of services to our region's senior and disabled population. The AAA advocates for individuals and helps them plan and manage their lives through a system of home and community-based services to maintain a lifetime of independence and dignity. Some of our available services are:

Aging and Disability Resource Center (ADRC). Older adults, individuals with disabilities, and their caregivers often need help understanding what services are available and whether they qualify. With a call to the Ageline (1-800-AGELINE), calls are routed to the appropriate AAA where the caller can receive current information on a wide range of community-based programs such as transportation, nutrition programs and in-home services. ADRCs are an entry point for individuals to be screened and receive counseling and information about a host of available

resources in their community. ATRC Aging's ADRC staff are certified by Inform USA whose mission is to unite human service professionals around shared standards, skills, and knowledge to connect people to resources and support that can improve their quality of life.

Senior Centers. Local senior centers often serve as the community's focal point for older adult services. Senior centers provide excellent opportunities for socialization and allow individuals to participate in a variety of programs and activities. Services offered at area Senior Centers may include congregate or home delivered meals, transportation, education, counseling, and wellness programs. Senior Centers and the service programs they offer provide a vital link to senior citizens throughout our communities.

Elderly Nutrition Program. Adequate nutrition is critical to health, functioning, and quality of life, and is an important component of home and community-based services for older adults. The Elderly Nutrition Program provides meals served in group settings or delivered to individuals' homes Monday through Friday. Eligible people must be at least 60 years old, the spouse of a participant, or an individual with a disability living with an eligible participant regardless of age. These nutritious meals provide at least one-third of the daily recommended dietary intake.

There are presently 26 nutrition program sites throughout the region. Meals served in the congregate setting improve nutrition and well-being and promote a sense of inclusion and compassion. Regardless of diverse backgrounds, the experience of sharing a meal can unite participants. ATRC Aging will examine new flexibilities in the Older American's Act which allow grab and go meals on a limited basis to determine if this would enhance the congregate meals program. Details are in Attachment C. For the homebound, or those who struggle to prepare nutritious meals, home delivered meals are an available option. Staff and volunteers who deliver meals to the homebound have an opportunity to check on their welfare and report any concerns that they observe during their visits. In rural, hard-to-reach areas, where transportation may be unavailable or no senior center exists, frozen meal options are available. These meals, delivered by the food vendor, can be warmed in a microwave or conventional oven and consumed when the client desires.

The Nutrition Program also provides a range of related services including nutrition screening, assessment, education, and counseling. Each site conducts outreach activities designed to seek out and identify hard-to-reach, isolated older individuals.

Senior Community Service Employment Program. The Senior Employment Program is a Title V program funded by the Older Americans Act through the Department of Labor. Its goals are to assist low-income individuals age 55 and older to find training and employment, and to provide enhanced community services through on-the-job training assignments in nonprofit agencies and local governmental services.

Medicaid Waiver. The Medicaid Waiver program is designed to provide services to seniors and those with disabilities whose needs would otherwise qualify for placement in a long-term care facility. The goal is for clients to retain their independence by providing services that allow them to live in the communities they love for as long as possible. The AAA offers three waivers; the Elderly and Disabled Waiver, the Alabama Community Transition Waiver, and the Technology Assisted Waiver for Adults.

Services available to clients enrolled in the Medicaid Waiver program include:

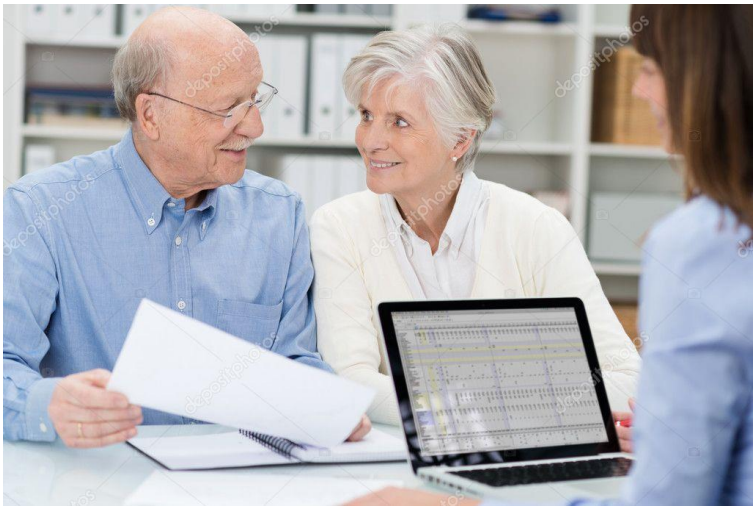
- Case management
- Homemaker services
- Personal Care services
- Skilled Respite services
- Unskilled Respite services
- Companion services
- Adult Day Health Care
- Frozen Meals/Shelf Stable Meals

Case Managers employed by the AAA work with the client to develop person-centered care plans, and they oversee all services which help the client remain at home rather than in institutional care. Direct services are provided through contracts with service providers and clients have freedom of choice to select the provider they prefer to use. The Personal Choices option, which allows individuals to self-direct their care and hire their own workers has become increasingly popular among those who wish to be more involved in directing their own budget and care. Just a few years after offering the Personal Choices program, approximately 68% of current Waiver clients are utilizing this option. (See Attachment C)

Evidence Based Wellness Programs. Nearly 90% of older adults have at least one chronic disease, and 79% have at least two chronic diseases. Promoting health and wellness for seniors is a goal of ATRC Aging. There are events throughout the year offering health screenings, healthy living promotion and education, and evidence-based wellness programs to help our seniors take charge of their lives.

ATRC Aging currently offers the Stay Active and Independent for Life program (SAIL) and Bingocize classes. SAIL is a physical activity program that reduces fall risk by increasing strength and improving balance. This on-going class meets 3 times per week. Each class includes warm-up exercises, aerobics, balance activities, and strengthening and stretching exercises. All exercises can be done seated or standing. Periodically throughout the program fitness checks are completed to assess strength and general mobility. Bingocize is a socially engaging group-based program that combines exercise, health education, and the widely popular game of bingo. Research has shown that participants can significantly improve their physical, social, and mental health by participating in Bingocize.

Legal Assistance Services. Legal Assistance Service provided by the AAA includes counseling and advice, negotiation, representation before administrative and judicial agencies, appeals of adverse decisions, and referrals that are of a non-criminal, non-fee generating nature. ATRC Aging currently contracts with Legal Services Alabama to provide advice, counseling, legal representation, legal research, preparation of legal documents, negotiation, legal education, and community outreach to our region's older adults. The Legal Assistance program works on a non-fee-generating basis and strives to protect and secure the rights, benefits, and dignity of older adults 60 years of age and older.



State Health Insurance Program (SHIP). Seniors and disabled individuals who have questions or need guidance or clarification regarding their health insurance plan and benefits can contact the SHIP Program to get information about Medicare benefits, Medicare plan comparisons,

Medicare Savings Programs, Medigap, billing and claims, Medicaid rights and protection, and other health insurance needs. The SHIP program is a free insurance counseling program and provides unbiased help to Medicare beneficiaries, their families, and caregivers.

Senior Medicare Patrol Program (SMP). The SMP program aims to empower and assist Medicare beneficiaries, their families, and caregivers with the knowledge needed to prevent, detect and report health care fraud, errors, and abuse. This is accomplished by informing and training senior volunteers, aging network personnel, and healthcare providers as well as conducting public education and outreach.

Long-Term Care Ombudsman Program. The Ombudsman Program works to protect the health, safety, welfare, and rights of Alabama's long-term care residents. They strive to resolve problems and advocate for the rights of individuals who live in Long-Term Care Facilities in Alabama. The Alabama Department of Senior Services houses the Office of the State Long-Term Care Ombudsman Program, who trains, certifies, and monitors the state-wide Ombudsman program. This program is available to residents of long-term care facilities, their friends and family, staff of long-term facilities, and the community-at-large.

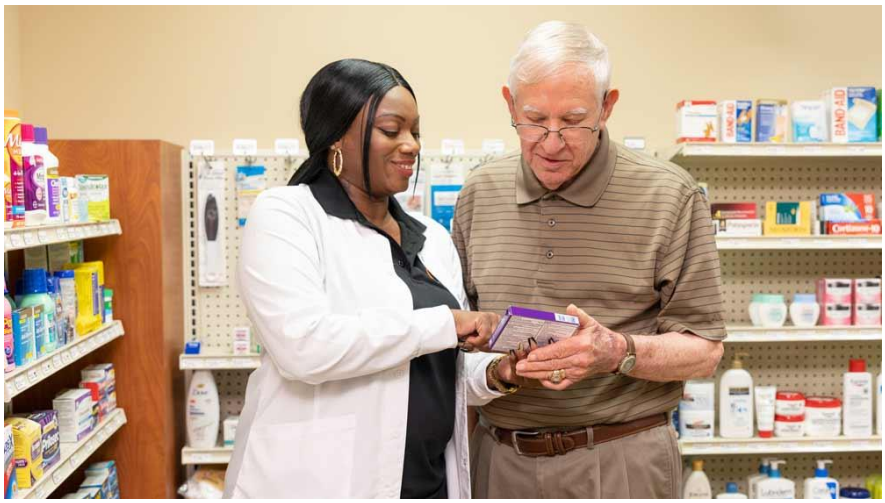
Elder Abuse. ATRC AAA places emphasis on the prevention of elder abuse by coordinating with the Department of Human Resources, the Health Department, Legal Services, and other agencies in reinforcing public concern with elder abuse in our region. The AAA plans activities along with these partners to provide public education through senior centers and public buildings, as well as other locations frequented by older people. ATRC Aging serves as a resource, where reports of abuse can be received and referred to the appropriate agency.

In-Home Services. In-home services address the needs of those disabled or chronically ill persons aged 60 and over who need services for a limited amount of time. Services include assistance with general household activities such as meal preparation and routine housecleaning tasks. In Home services often help seniors get back on their feet after surgery or illness and can also be used to bridge the gap while other long-term services are being applied for.

Caregiver Assistance with Resources, Education, & Services (CARES). The Alabama CARES Program is designed to support caregivers by providing training, assistance, and resources to help them care for their loved ones while maintaining their own health. Those eligible for this program are primary caregivers of frail, older adults 60 and over; grandparent/relative caregivers

55 and older caring for children ages 18 or younger; and grandparent/relative caregivers 55 and older caring for children with severe disability of any age. Priority consideration is given to caregivers in greatest need as determined by a respite priority screening tool. The Alabama Cares Program provides homemaker services, personal care assistance, respite care, and supplies.

Title III E Alabama CARES clients are given the opportunity to participate in cost sharing based on a sliding fee scale provided to the AAA by ADSS. This policy is based on the recipient's self-declaration of income without verification. Clients whose income is below the near-poverty limit (defined as 125% of poverty) may not be charged for services. Policy states that contributions are not required, and clients will not be denied services due to failure to make cost sharing payments. All contributions are used in the Title III E program to maintain or expand the program. (See Attachment O).



***SenioRx Prescription Assistance Program*.** The SenioRx prescription program helps individuals obtain free and low-cost brand name prescriptions from pharmaceutical companies. To qualify, people must be 55 years of age or older, have no health insurance, have a chronic medical condition, and meet specific income limits. People with insurance coverage but who are in the Medicare Part D coverage gap, and people with disabilities of any age may also qualify for the program. In addition to free or low-cost prescriptions, changes in the program allow us to help with rebates and coupons to assist insured clients who cannot afford medication due to high co-pays.

Outreach Events and Partnerships

Alabama Elderly Simplified Application Project. Through a contract with South Alabama Regional Planning Commission Area Agency on Aging, ATRC Aging assists older adults and persons with disabilities in applying for AESAP, a food assistance program. The goal is to increase participation through community-based outreach and enrollment initiatives, and to increase public awareness of senior adult hunger as an issue of national and local importance.

Left-Hand, Right-Hand Foundation, Inc. Partnership. ATRC Aging is grateful to partner with the LHRH Foundation which was founded in 2022 by Auburn University then New York Giant's football player Darius Slayton. This Christian based organization helps economically underserved communities with a focus on serving the youth and elderly by providing needed resources. Support includes providing several seniors in the Jackson area of Clarke County with frozen and hot meal delivery and partnering with ATRC Aging to provide incontinent and Durable Medical Supplies to those in need.

Fraud Summit Event. Each year the ATRC Aging SHIP/SMP Coordinator hosts a Fraud Summit event in an area community to help create awareness about the dangers of Medicare fraud, scams, and abuse. This event, in coordination with the Alabama Securities Commission, provides seniors with important information about making safe and informed investment decisions and protecting seniors from financial fraud and exploitation. Event participants enjoy hearing speakers from the ASC, Better Business Bureau, AARP, local financial institutions, or public officials and are then treated to a catered lunch.

Dementia Friendly Alabama. For several years, ATRC Aging has partnered with Central Alabama Aging Consortium and Dementia Friendly Alabama to bring awareness and support to those living with dementia and their care partners. Previous projects have included dementia training for elementary school students, memory cafes, training for law enforcement and businesses, and planning for the future regarding healthcare, finances, and end of life decisions.

Older Americans Month Events. During May, ATRC celebrates Older Americans Month (OAM) by hosting two large events across our region. These fun-themed events provide participants with an opportunity to play games such as ring toss, treat walk, and BINGO. Dozens of vendors are present with valuable information and goodies for all. After music, dancing, exercise, and

entertainment, lunch is served, and door prizes are given out. Staff members enjoy helping with the OAM events and bringing joy to the hundreds of seniors who attend.

Santa for Seniors. Christmas is a wonderful time of the year; but not for everyone. Many needy seniors never experience the joys of Christmas. The Santa for Seniors project helps to change this by allowing individuals to partner with ATRC Aging to sponsor a senior for the Santa for Seniors service project. Seniors are available to adopt between Oct. 1 - Nov.15 and requested wish list items are purchased for the seniors. ATRC staff deliver the gifts at Christmastime to help to bring joy to those in need.

Definitions of each type of service provided, as well as the number of individuals served; type and number of units to be provided; and corresponding expenditures proposed to be provided in FY2026 in Alabama are in Attachment C.

Title III services are targeted to those older individuals with the greatest economic and social needs. Preference of services will be given to older individuals and caregivers who are older individuals with the greatest economic and social need, and to older relative caregivers of children with severe disabilities, or individuals with severe disabilities. Greatest economic need means the need resulting from an income level at or below the Federal poverty level. Greatest social need means the need caused by noneconomic factors, to include populations ADSS and its Area Agency on Aging (AAA) partners will target who are those with physical (including those with assistive technology (AT) needs and blind/visually impaired) and mental disabilities, language barriers, racial or ethnic status, Native American identity, chronic conditions (listed below with special emphasis on those living with Alzheimer's disease and other dementias) and living in rural locations throughout the state.

ADSS requires specific actions that each AAA partner must use to target services to meet the needs of those in greatest social and greatest economic need, and the following actions are recommended to meet these needs:

- Focus on serving those who are considered low-income, minority, especially low-income minority older individuals, and those residing in rural areas, especially those who may be most isolated.
- Focus outreach efforts and services on counties that are the most rural in each partner service area where older individuals may be the most isolated.
- Focus outreach efforts on topics that may be relevant to older individuals and caregivers with the greatest economic and social needs (as defined above).
- Focus on community partnerships with social and religious organizations (tribes for those identified as Native American) that specifically serve those with physical and mental disabilities, language barriers, Native American identity, and chronic conditions (listed below with special emphasis on those living with Alzheimer's disease and other dementias).
- Ensure that the AAA partner governing board and/or advisory council consists of older individuals (including minority individuals and older individuals residing in rural areas) who

are participants or who are eligible to participate in programs provided under the OAA, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' healthcare (if appropriate), and the general public, to continuously advise the AAA on all matters relating to the development of the area plan, the administration of the plan, and operations conducted under the plan.

Chronic conditions:

- Cardiovascular (heart disease, stroke)
- Metabolic and endocrine (diabetes, obesity, high blood pressure)
- Respiratory (asthma, chronic obstructive pulmonary disease (COPD))
- Musculoskeletal (arthritis, osteoporosis)
- Mental health (depression, anxiety, bipolar, schizophrenia)
- Neurological (Alzheimer's disease and other dementias, epilepsy, ALS, autism spectrum disorder)
- Other (cancer, chronic kidney disease, HIV/AIDS)

OAA funds allocations are completed utilizing the Intrastate Funding Formula (IFF) as shown below:

FY 26 Title III Estimated Expenditures

	Admin - B	Admin - E	B	C-1	C-2	D	E	Elder Abuse	Ombudsman	Total
Northwest	222,548	34,545	273,653	**523,227**	**612,678**	61,157	381,881	-	35,363	2,145,051
West	242,180	40,040	553,352	**634,763**	**435,640**	24,507	320,426	7,879	38,110	2,296,898
M4A	167,185	29,995	1,085,623	**1,239,946**	**1,401,573**	118,902	540,802	7,315	61,415	4,652,756
United Way	380,905	65,877	971,070	**981,848**	**1,831,268**	84,886	573,338	16,023	89,280	4,994,494
East	325,231	67,758	1,857,735	**1,335,858**	**2,898,960**	95,511	507,897	17,963	8,363	7,115,276
South Central	192,022	20,376	254,255	**510,981**	**829,438**	23,076	117,511	5,258	14,737	1,967,654
Ala Tom	269,294	22,414	403,292	**752,413**	**854,742**	15,115	117,450	6,224	28,686	2,469,630
SARCOA	254,294	35,225	2,091,178	**1,359,015**	**1,920,535**	42,262	330,458	7,205	31,729	6,071,901
South Ala	322,406	63,550	1,326,978	**2,070,087**	**1,482,748**	116,946	717,335	7,748	14,033	6,121,832
Central	341,779	16,688	480,665	**999,878**	**1,061,948**	44,282	283,832	4,350	23,705	3,257,127
Lee Russell	228,782	24,690	514,841	**324,130**	**293,410**	2,863	110,491	3,091	13,499	1,515,797
NARCOG	138,651	10,229	851,304	**1,073,740**	**1,252,958**	38,047	304,217	5,969	16,414	3,691,530
TARCOG	612,755	85,265	2,209,739	**1,708,715**	**1,801,326**	85,645	518,285	8,685	38,117	7,068,532
	3,698,034	516,652	12,873,685	**13,514,600**	**16,677,224**	753,200	4,823,922	97,711	413,450	53,368,478

ATRC Aging is intentional in our actions to advance equity in access to and delivery of services. Information on targeting services, Intrastate Funding Formula, and Minimum adequate proportion requirements is in Attachment C.

Title III clients are given the opportunity to make voluntary contributions for the services they receive. The ATRC AAA's policy governing voluntary contributions states that contributions are encouraged but not required. Any contributions made are handled with confidentiality and privacy. Clients are not denied service if they are unwilling or unable to contribute. All

contributions are used in the Title III program to maintain or expand the program. Oftentimes, contributions give participants ownership in the program and instill a sense of pride.

While most clients are satisfied with the services they receive, occasionally problems arise. ATRC AAA has a grievance procedure to ensure that problems are addressed and resolved in a timely fashion. (See Attachment K).

Directors, officers and employees are bound by a conflict-of-interest policy designed to identify potential conflicts and provide transparency in decision making. (See Attachment L).

Goals and Objectives

The Area Plan Goals and Objectives coordinate with and reflect the State plan goals for services under the Act. (See Attachment C).

OAA Core Formula-Based & Other Non-Formula Based Programs

GOAL 1: Provide strong and effective core OAA and other home-and community-based services programs while strengthening oversight and quality management		
Objective 1.1: Structure Title III and V services to help older adults stay at home and in their communities and explore coordination of programs within Title VI		
	STRATEGY	**PROJECTED OUTCOME**
III-B	Recruit and develop additional DSPs to serve individuals in the In-Home program.	In home services for short term assistance expanded.
	Utilize Legal Services to coordinate with other AAA programs and events.	Improved outreach and utilization of Legal Services.
	Improve staff and public knowledge of available transportation resources.	Better utilization of transportation resources.
	Provide training and support to senior center contractors and staff to support healthy, active lifestyles through nutritious meals, activities and social supports.	More active senior centers with increased attendance.
III-C	Continue serving meals (congregate, HD and frozen) through senior centers as budget allows, to optimize health and independence	Increased number of seniors receiving healthy meals
	Increase frozen meal delivery as budget allows, in areas not served by local senior centers.	Increased number of seniors receiving home delivered meals.
	Educate the public about socialization and activities open to the public at Senior Centers.	Increased participation in senior centers among seniors who do not dine at the center.

	Continue to provide nutrition education from ADSS as well as collaboration with other agencies such as Extension service, Home Health, Hospitals, etc.	Improved knowledge about topics related to health and wellness.
	Increase nutrition counseling with RDs through outreach and education	Increased number of seniors who receive nutrition counseling.
	Train center managers on the importance of customer service, activity calendars, engagement, outreach	More active centers with more engaged participants.
III-D	Continue evidence-based programs SAIL and Bingocize and expand to additional locations.	Increased number of evidence-based program participants
	Add new evidence-based program for caregiver support or dementia.	Reach caregivers with valuable evidence-based support program.
Title V	Continue workforce training program, allowing recipients to improve skillset and earn income to support independent living in their community.	Increased number of successful job placements for participants.
	Collaborate with host agencies to ensure initial employment plans will lead to successful future employment for seniors.	

Objective 1.2: Strengthen Alabama's State Long-Term Care Ombudsman program that strives to serve residents in all facility settings

	STRATEGY	PROJECTED OUTCOME
VII	Provide support to increase Family Councils in more SNFs by educating families and facility staff on the benefits.	Increased number of Family Councils in the region.
	Obtain updated training and educational material to use for in-service meetings.	Improved quality of facility training by Ombudsmen.
	Continue to advocate for quality care, resident rights, etc. through routine visits, community outreach and training.	Improved care for residents in SNFs and ALFs.

Objective 1.3: Work to continue assisting Alabama's population with high quality non-formula-based services while integrating these services with OAA core programs

	STRATEGY	PROJECTED OUTCOME
ADRC	Continue to screen individuals and connect them to services and resources available.	Increased number of individuals served by the ADRC.
	Explore publication of a senior resource directory to educate the public about available resources.	Community will be better informed about ATRC Aging programs and services.
SHIP/MIPPA	Continue outreach to identify clients who may benefit from SHIP and MIPPA programs.	Increased number of clients served by SHIP and MIPPA.
	Increase knowledge of SHIP program by utilizing volunteers to reach more clients.	Increased outreach to provide better access to services and SHIP counseling to those in need of guidance.
	Explore alternate locations for hosting open enrollment events to increase participation, exposure, etc.	

	Expand messaging on social media and website regarding eligibility for Extra Help and Medicare Savings Programs to increase awareness and utilization.	
SMP	Increase awareness of SMP Program by utilizing print media and social media posts to alert the public of pertinent fraud alerts, scams, or relevant SMP program information.	Improved knowledge of SMP Program and ways to prevent, detect and report possible fraud, errors and abuse.
	Use media to encourage individuals to voice complaints/concerns to SHIP/SMP Coordinator for appropriate action.	
	Continue to host the annual fraud summit with partners.	
SenioRx	Continue partnership with Ala-Tom RC&D to expand outreach for the program.	Increased number of individuals served by prescription assistance.
	Conduct community outreach – senior centers, press releases, benefits screening events, social media, etc. to increase participation in all areas.	

Objective 1.4: For prevention and detection, strengthen responses to elder abuse, neglect, and exploitation through Title VII, Adult Protective Services, legal services, law enforcement, health care professionals, financial institutions, and other partners

	STRATEGY	PROJECTED OUTCOME
	Participate in WEAD activities annually in collaboration with other agencies who work in this area such as law enforcement, banks, APS, Legal Services.	Improved awareness about elder abuse, neglect and exploitation in the region.
	Add an APS or Law Enforcement representative to the Ombudsman Advisory Council.	

Objective 1.5: Expand Alabama's dementia and Alzheimer's education and direct service efforts promoting prevention, detection, and treatment

	STRATEGY	PROJECTED OUTCOME
Dementia Services	Explore the Virtual Dementia Tour or other dementia education tools to promote educational opportunities.	Increase education, specific to dementia and Alzheimer's disease.
	Continue working with CAAC on DFA grant opportunities.	Improve outreach, education and resource development for those affected by dementia.
	Continue partnerships with AFA, and Alzheimer's organizations to educate staff and the public.	
	Explore staff getting credentialed through AFA as dementia educators to gain access to more educational resources.	
	Re-engage with Dementia Friendly ATRC Aging social media page	

Objective 1.6: Improve quality management and accountability of all programs by improving data collection through the information technology (IT) infrastructure, increasing training and technical assistance opportunities with partners, and strengthening desk review and monitoring processes.

	STRATEGY	PROJECTED OUTCOME
Data Reporting (IT)	Explore new technologies and tools to support staff efficiency.	Improved access and work efficiency among staff.
	Utilize Microsoft SharePoint to promote cloud-based access to documents, calendars, and communications.	
	Utilize VOIP phone system to improve ability to handle calls, faxes and communication in a more efficient manner.	
Training	Encourage staff training through webinars, seminars, conferences, etc. to supplement training provided by ADSS and ASN.	More professional staff who have opportunities to grow and succeed throughout the agency.
	Improve staff cross training on all programs to ensure continuity.	
	Integrate OAA and Aging programs with Waiver through joint staff meetings, presenting at Waiver staff meetings, etc.	
Monitoring	Continue monitoring DSPs and potential DSPs while striving to streamline processes for efficiency.	Improved monitoring utilizing efficient procedures to yield positive results.
	Continue monitoring Title III and grant based programs for programmatic compliance.	
	Increase frequency of financial monitoring meetings with ATRC Fiscal department.	Improved compliance with program reach based on financial resources.

Preparedness, Response, & Recovery

GOAL 2: Plan for future emergencies, encouraging healthy and independent lives		
Objective 2.1: Increase education and access to services to combat the negative health effects associated with social isolation		
	STRATEGY	**PROJECTED OUTCOME**
	Increase awareness that Senior Centers offer socialization and activities to those 60+ and serve as a community resource, even when meals ae not available.	Increased public awareness of the benefits offered by senior centers.
	Encourage intergenerational and other activities with schools, clubs, faith-based organizations and service organizations to become more engaged with seniors.	
	Partner with organizations which focus on education, health, senior activities (i.e.: silver sneakers, senior housing, YMCA, etc.)	
Objective 2.2: Assist target population with accessing assistive technology through services and partnerships to combat falls and increase independence		
	STRATEGY	**PROJECTED OUTCOME**
	Educate seniors about PERS and other resources available through Medicare Advantage plans.	Increased knowledge of and access to assistive technology and partnerships to reduce falls and improve independence.
	Utilize Waiver expanded services for assistive tech. for qualified individuals.	
	Refer non covered DME or tech needs to ATRC Cares program for available funding	
Objective 2.3: Revisit the ADSS emergency preparedness planning processes to properly plan for future disasters		
	STRATEGY	**PROJECTED OUTCOME**
	Review and update the ATRC Aging Disaster Plan annually.	Improved response by the AAA for disasters involving older adults.
	Review Disaster Emergency plan annually with staff and contractors.	

Equity

GOAL 3: Reach and serve individuals with the greatest economic and social need		
Objective 3.1: Ensure all OAA and other grant programs target those with the greatest economic and social needs		
	STRATEGY	**PROJECTED OUTCOME**

	Continue use of tools such as CARES RPAT tool and Nutrition risk assessment to stratify service distribution to those with greatest need.	Those with greatest economic and social need will be served by AAA programs.
	Ensure that outreach messaging includes targeting statements toward those with greatest economic and social need.	

Objective 3.2: Ensure all LTSS participants are assessed in a person-centered manner while services to be implemented are driven by the participant

	STRATEGY	PROJECTED OUTCOME
	Continue client reassessments at least annually to ensure accurate information is utilized.	Improved health and well-being for those we serve by addressing the needs and desires of the individual.
	Continue person-centered care plans, taking into consideration the goals of the individual	
	Ensure staff is trained on using person centered concepts.	

Objective 3.3: Use No Wrong Door collaborations to address social determinants of health

	STRATEGY	PROJECTED OUTCOME
	No wrong door policies are in place to adhere to state guidelines ensuring access to resources and connecting clients to appropriate services.	Individuals will receive information and referrals to programs within the AAA as well as other organizations in the community.
	Provide benefits screening events around the region to reach those in remote and underserved areas.	

Expanding Access to HCBS

GOAL 4: Coordinate and maintain strong and effective HCBS for older adults and people with disabilities

Objective 4.1: Work to increase access to transition services from facility and hospital settings to allow the best scenario for aging in place

	STRATEGY	PROJECTED OUTCOME
	Ombudsmen market the GCL program and encourage SNFs and ALFs to make referrals for clients who wish to return home.	Increased referrals and more transitions from facility to home will occur.
	ACT Waiver Coordinator and Case Manager follow up on referrals to make safe transition plans for those who qualify.	

Objective 4.2: Better coordinate aging network services with Alabama's Medicaid Waiver services

	STRATEGY	PROJECTED OUTCOME
	The ADRC screens during intake to determine the most appropriate services for individuals. When able, the ADRC makes referrals to both Aging and Waiver.	Increased awareness of all the services and programs of the AAA resulting in

	Will provide training and exposure to Waiver staff about OAA and grant programs, and how we can work collaboratively.	improved communication and coordination among programs.
	Will hold joint staff meetings and events to bridge the gaps created by having three separate physical office buildings	

Objective 4.3: Attempt to create new support services, increase funding/access to existing services, or partner/collaborate with existing resources for better resource coverage

	STRATEGY	PROJECTED OUTCOME
	Will continue to support the Left Hand Right Hand Foundation's partnership providing additional meals and services in Clarke County	Increased private partnerships to serve more individuals in creative ways.
	Will continue to seek grants such as through Ala Tom RC&D to allow us to expand outreach in certain areas.	
	Will stive to grow the Santa for Seniors project, allowing members of the public to be involved in meeting the needs of low-income Waiver clients.	

Caregiving (Title III-E (Alabama CARES)) and Alabama Lifespan Respite (ALR))

GOAL 5: Engage, educate, and assist caregivers regarding caregiving rights and resources in Alabama

Objective 5.1: Work to address the needs of caregivers by implementing, to the extent possible, the recommendations from the RAISE Family Caregiver Advisory Council

	STRATEGY	PROJECTED OUTCOME
	Encourage caregiver participation in evidence-based programs offered by the AAA.	The complex needs of caregivers will be addressed in supportive settings.
	Encourage caregiver participation in online or in-person caregiver support groups.	

Objective 5.2: Work to strengthen and support the direct care workforce

	STRATEGY	PROJECTED OUTCOME
	Examine increasing rates paid to DSPs to encourage more DSPs to enroll as providers.	Caregivers will have more choices and a better trained respite care network.
	Ensure that caregivers are aware of CareAcademy available through Alabama Lifespan Respite website for respite provider training.	

Objective 5.3: Utilize the National Technical Assistance Center on Grandfamilies and Kinship Families to improve supports and services for families in which grandparents, other relatives, or close family friends are raising children

	STRATEGY	PROJECTED OUTCOME
	Utilize the list of entitlement programs and grants from the NTAC to increase available resources and services for families and increase the number of families served.	Increased number of grandfamilies and kinship families served.
	Utilize new strategies to connect with kinship families and develop social media awareness campaign.	

Objective 5.4: Continue work in coordinating Alabama CARES with ALR objectives		
	STRATEGY	**PROJECTED OUTCOME**
	Continue to partner with ALR to promote the wide range of services and assistance available.	Increased number of ORCs served by ALR.
	Increase assistance provided to ORCs by utilizing Opioid Settlement funds beginning in FY 2026.	Will offer expanded services and more funding to meet special needs of ORC families impacted by substance abuse.

Quality Management

ATRC encompasses effective quality management practices to ensure that our programs and services meet the expectations of our clients and communities. By equipping employees with the necessary tools and program knowledge we strive to achieve our goals and objectives. The following chart provides our key strategies for effective quality management:

Data Reporting/Information Technology	
Strategies	***Projected Outcomes***
• Medicaid Waiver staff use FamCare, My ADSS, Web Portal, MSIQ and GCL and for required case management documentation • ADRC staff use Peer Place for intake and referral • Computer and IT needs are monitored to ensure we are using reliable, up to date technology	• Documents will comply with the AAA, ADSS, ASN and AMA requirements. • Data will be accessible and useful in measuring outcomes • ADRC documents and referrals will be accurate and accessible • Staff will have access to reliable, current equipment

Program Monitoring	
Strategies	***Projected Outcomes***
• AAA is monitored by ADSS, ASN, and AMA throughout the year • AAA monitors all DSPs, prospective DSPs and Contractors annually to ensure compliance with program requirements • AAA staff are monitored on an ongoing basis to ensure their knowledge of the job, and to determine need for any additional training • Ombudsman program receives oversight and programmatic instruction from the State Long Term Care Ombudsman • Regular staff meetings are held with Program Managers to discuss goals, performance, and budgets	• AAA demonstrates compliance by the various monitoring that occurs from several entities • DSPs and contractors demonstrate compliance and knowledge of requirements • Staff are aware of job requirements and how to obtain additional assistance as needed • Ombudsmen operate under guidance of the State Long Term Care Ombudsman • Program Managers are aware of program requirements and budgets
Training	
Strategies	***Projected Outcomes***
• Waiver staff will have at least 6 hours of training annually, ensuring ASN, ADSS and program topics are covered • Other AAA staff will receive training from ADSS staff as needed • Ombudsmen are trained and certified by the State Ombudsman • All staff are encouraged to attend seminars, webinars, and/or conferences	• Employees will continue to learn and increase their job knowledge and skills • Staff will be informed of and expected to attend trainings and other opportunities to learn valuable information

Verification of Intent

The Area Plan on Aging (AAA) is hereby submitted by the Alabama Tombigbee Regional Commission Area Agency on Aging for the period of October 1, 2025, through September 30, 2029. It includes all assurances and plans to be followed by the AAA.

Under provisions of the Older Americans Act (OAA), as amended during the period identified, the AAA identified and its Executive/Governing Board will assume full authority to develop and administer the Area Plan on Aging in accordance with all requirements of the OAA and state policy. In accepting this authority, the AAA assumes responsibility to develop and administer the Area Plan on Aging for a comprehensive and coordinated system of services and to serve as the advocate and focal point for the target population residing in the planning and service area.

This Area Plan on Aging was developed in accordance with all rules, regulations, and requirements as specified under the OAA and the Alabama Department of Senior Services (ADSS) Policies and Procedures and multi-grant Notice of Grant Awards (NGAs) Terms and Conditions. The AAA agrees to comply with all standard assurances and general conditions submitted in the Area Plan on Aging throughout the four (4) year period covered by the plan.

This Area Plan on Aging is hereby submitted to ADSS for Approval.

Frank B Dobson Jr — Signature of Executive Director — Date: 8/12/25

Signature of Aging Director — Date: 8/12/25

The AAA Advisory Council has reviewed and approved the Area Plan.

Richard Coheny — Signature of Chair — Date: 9/10/25

The Board of Directors has reviewed and approved the Area Plan.

William W. Stutts — Signature of Board Chair — Date: 8/13/25

Older Americans Act of 1965 (2020 Reauthorization)

AREA PLANS

SEC. 306. (a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area

will be expended for the delivery of each of the following categories of services—

(A) services associated with access to services (transportation, health services (including mental and behavioral health services)), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services;

(B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point); and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i);

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in subclauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and

systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;
(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;
(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;
(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;
(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;
(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or
(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for

volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) 7 to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) provide assurances that—

(A) the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title; and
(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as ''older Native Americans''), including—

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans; and

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular

emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;
(J) emergency preparedness;
(K) protection from elder abuse, neglect, and exploitation;
(L) assistive technology devices and services; and
(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2)(A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—
(i) providing notice of an action to withhold funds;
(ii) providing documentation of the need for such action; and
(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3)(A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service

area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).
(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.
(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

(1) contracts with health care payers;
(2) consumer private pay programs; or
(3) other arrangements with entities or individuals that increase the availability of home- and community-based services and supports.

I have read the above **AREA PLANS** information ADSS extracted directly from the Older Americans Act (OAA) of 1965 (2020 Reauthorization) regarding content and submission of Area Plans on Aging.

This document to be signed below pertains to the FY2026-2029 Area Plan on Aging.

Delia T. Brand — 8/1/25

Signature of AAA Director — Date

Delia T. Brand

PRINT NAME

Area Plan Required Information

Alabama's Area Agencies on Aging (AAAs) must include the following information in the organizations Area Plan:

Greatest Economic and Social Need

(2) That the area agency shall identify populations within the planning and service area at greatest economic need and greatest social need, which shall include the populations as set forth in the § 1321.3 definitions of greatest economic need and greatest social need.

Preference of services will be given to older individuals and caregivers who are older individuals with the greatest economic and social need, and to older relative caregivers of children with severe disabilities, or individuals with severe disabilities.

Greatest economic need means the need resulting from an income level at or below the Federal poverty level. Greatest social need means the need caused by noneconomic factors, to include populations ADSS and its Area Agency on Aging (AAA) partners will target who are those with physical (including those with assistive technology (AT) needs and blind/visually impaired) and mental disabilities, language barriers, racial or ethnic status, Native American identity, chronic conditions (listed below with special emphasis on those living with Alzheimer's disease and other dementias) and living in rural locations throughout the state.

Assessment and Evaluation

(3) Assessment and evaluation of unmet need, such that each area agency shall submit objectively collected, and where possible, statistically valid, data with evaluative conclusions concerning the unmet need for supportive services, nutrition services, evidence-based disease prevention and health promotion services, family caregiver support services, and multipurpose senior centers. The evaluations for each area agency shall consider all services in these categories regardless of the source of funding for the services; (4) Public participation specifying mechanisms to obtain the periodic views of older individuals, family caregivers, service providers, and the public with a focus on those in greatest economic need and greatest social need.

Alabama Department of Senior Services
2025-2028 State Plan on Aging
Needs Assessment

Make your voice heard by sharing what's important to you. We are seeking help from Senior Adults, People with Disabilities, Caregivers, and Others interested in people living at home for as long as possible. The information collected from this assessment will play an integral part in the development of the State Plan on Aging.

1. Please choose your race (Choose one by placing an X in the box of your choice)

American Indian or Alaska Native	☐	Native Hawaiian or Pacific Islander	☐
Asian or Asian American	☐	Native American	☐
Black or African American	☐	White	☐
Other	☐		

2. Please choose your ethnicity (Choose one by placing an X in the box of your choice)

Hispanic or Latino	☐	Not Hispanic or Latino	☐

3. Please choose your monthly income range (Choose one by placing an X in the box of your choice)

$1,255 or less	☐	Greater than $1,255	☐

4. Please choose your age range (Choose one by placing an X in the box of your choice)

Under 60	☐	60 or older	☐

5. Please choose your location (Choose one by placing an X in the box of your choice)

Rural	☐	Non-rural	☐

6. Do you live alone? (Choose one by placing an X in the box of your choice)

Yes	☐	No	☐

7. Do you feel socially isolated and/or lonely? (Choose one by placing an X in the box of your choice)

Yes	☐	No	☐

8. Are you a person living with a disability? (Choose one by placing an X in the box of your choice)

Yes	☐	No	☐

9. Are you a caregiver taking care of someone else? (Choose one by placing an X in the box of your choice)

Yes	☐	No	☐

10. If you are not able to take care of yourself, is there a family member or friend who would take care of you? (Choose one by placing an X in the box of your choice)

Yes	☐	No	☐	Don't Know	☐

11. Using the number scale below, please tell us the importance of each item by placing an **X** in the box you choose:

1=Not Very Important, 2=Somewhat Not Important, 3=Somewhat Important, 4= Very Important

	1	2	3	4
Availability of Affordable Housing				
Availability of Affordable Transportation				
Availability of Affordable Home Modifications for Disabilities				
Availability of In-Home Care (housekeeping, personal care)				
Availability of No Cost Legal Help				
Availability of Meals (in the senior center or home-delivered)				
Availability of Assistive Technology				
Information about Emergency Preparedness				
Information about Alzheimer's and Other Dementias				
Information about Elder Abuse, Neglect, and Exploitation				
Information about Medicare or Medicaid Health Coverage				
Information about Safety and Crime Prevention				
Information about COVID-19 and Availability of Vaccination				
Information about Isolation and Loneliness				
Information about Scams Targeting Older Adults				
Help as a Caregiver Taking Care of an Aging Adult or Grandchild				
Help with Financial Planning				
Help with Planning Healthy Meals				
Help with Staying at Home Instead of Nursing Home				
Help with Finding Employment (full-time or part-time)				

SPANISH

Departamento de Servicios para Personas Mayores de Alabama
Plan Estatal sobre Envejecimiento 2025-2028
Necesita valoración

Haz oír tu voz compartiendo lo que es importante para ti. Buscamos ayuda de adultos mayores, personas con discapacidades, cuidadores y otras personas interesadas en que las personas vivan en casa el mayor tiempo posible. La información recopilada a partir de esta evaluación desempeñará un papel integral en el desarrollo del Plan Estatal sobre el Envejecimiento.

1. Por favor elige tu carrera (Elige una colocando una X en la casilla de tu elección)

Indio americano o nativo de Alaska	☐	Nativo de Hawái o de las islas del Pacífico	☐
Asiático o asiático americano	☐	Nativo americano	☐
Negro o afroamericano	☐	Blanco/blanca americano	☐
Otro	☐		

2. Por favor elija su origen étnico (Elija uno colocando una X en la casilla de su elección)

hispano o latino	☐	No Hispano o Latino	☐

3. Por favor elija su rango de ingresos mensuales (Elija uno colocando una X en la casilla de su elección)

$1,255 o menos	☐	Más de $1,255	☐

4. Por favor elija su rango de edad (Elija uno colocando una X en la casilla de su elección)

Menos de 60	☐	60 o más	☐

5. Por favor elija su ubicación (Elija una colocando una X en la casilla de su elección)

Rural	☐	No rural	☐

6. ¿Vives solo? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐

7. ¿Se siente socialmente aislado y/o solo? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐

8. ¿Es usted una persona que vive con una discapacidad? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐

9. ¿Es usted un cuidador que cuida a otra persona? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐

10. Si no puede cuidarse a sí mismo, ¿hay algún familiar o amigo que pueda cuidar de usted? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐	no lo sé	☐

11. Usando la escala numérica a continuación, díganos la importancia de cada elemento colocando una **X** en la casilla que elija:

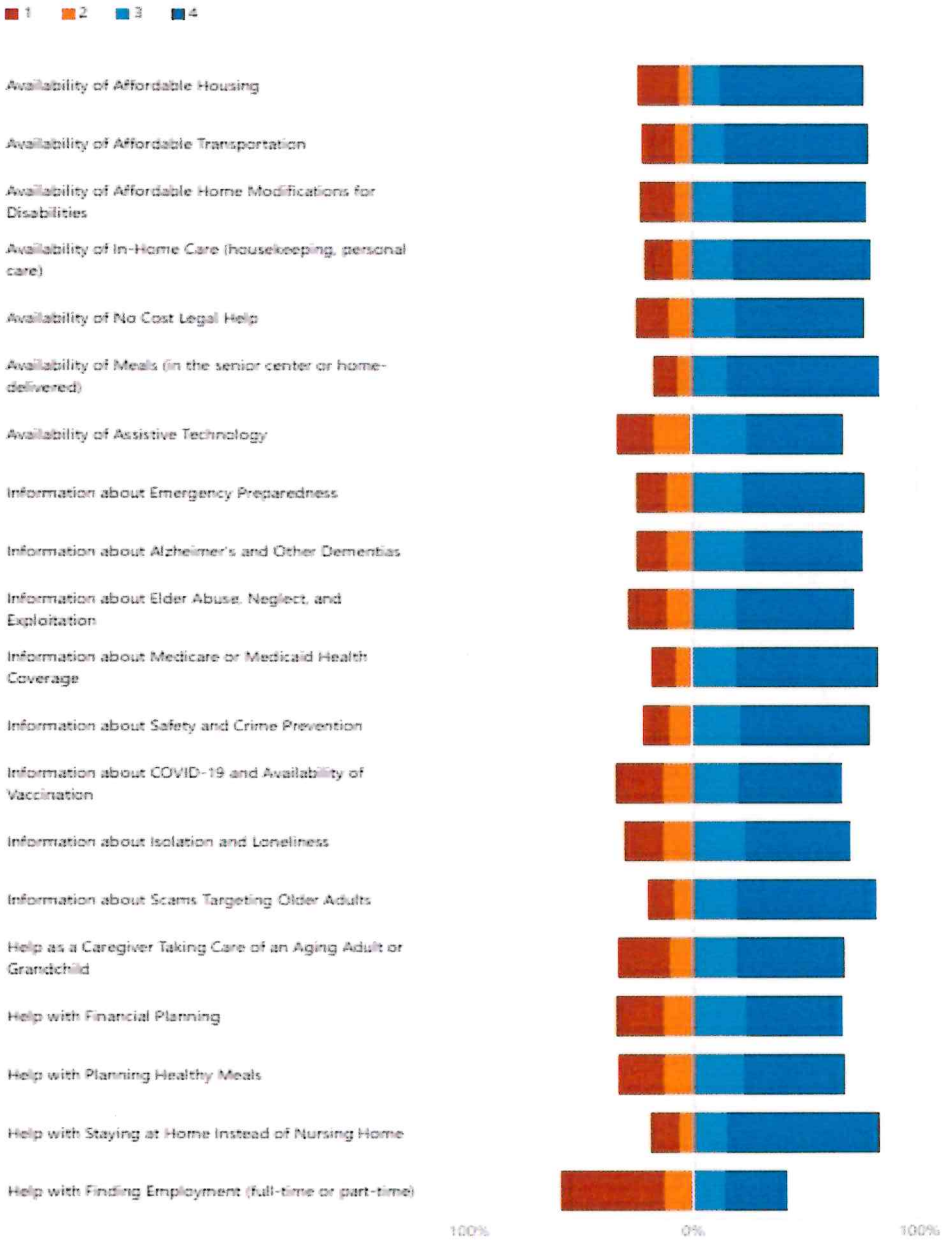
1=No muy importante, 2=Poco importante, 3=Poco importante, 4=Muy importante

	1	2	3	4
Disponibilidad de viviendas asequibles				
Disponibilidad de transporte asequible				
Disponibilidad de modificaciones de viviendas asequibles para discapacitados				
Disponibilidad de atención domiciliaria (limpieza, cuidado personal)				
Disponibilidad de ayuda legal sin costo				
Disponibilidad de comidas (en el centro para personas mayores o entrega a domicilio)				
Disponibilidad de tecnología de asistencia				
Información sobre preparación para emergencias				
Información sobre el Alzheimer y otras demencias				
Información sobre el abuso, la negligencia y la explotación de personas mayores				
Información sobre la cobertura de salud de Medicare o Medicaid				

Información sobre Seguridad y Prevención de Delitos				
Información sobre COVID-19 y disponibilidad de vacunación				
Información sobre el aislamiento y la soledad				
Información sobre estafas dirigidas a adultos mayores				
Ayuda como cuidador para cuidar a un adulto mayor o a un nieto				
Ayuda con la planificación financiera				
Ayuda para planificar comidas saludables				
Ayuda para quedarse en casa en lugar de en un asilo de ancianos				
Ayuda para encontrar empleo (tiempo completo o tiempo parcial)				

Needs Assessments Results			
			TOTAL
			3274
Race			
American Indian or Alaska Native	42	Native American	99
Asian or Asian American	17	White	2061
Black or African American	1014	Other	32
Native Hawaiian or Pacific Islander	6		
Ethnicity			
Hispanic or Latino	130	Not Hispanic or Latino	3129
Monthly Income Range			
$1,255 or Less	1124	Greater than $1,255	2138
Age Range			
Under 60	414	60 or Older	2860
Location			
Rural	1751	Non-Rural	1518
Do You Live Alone?			
Yes	1665	No	1609
Do You Feel Socially Isolated and/or Lonely?			
Yes	718	No	2553

Are You a Person Living with a Disability?			
Yes	1340	No	1933
Are You a Caregiver Taking Care of Someone Else?			
Yes	630	No	2638
Family Member or Friend Who Would Take Care of You?			
Yes	2064	No	519
Don't Know	686		



Public Meetings		
Venue	**Date**	**Attendance**
Cullman Senior Center	3/20/2024	104
Lanett City Hall	3/21/2024	50
Andalusia Senior Center	3/28/2024	35
McAbee Senior Center	4/5/2024	42

Public Meetings Comments	
Top 5 Needs/Unmet Needs	
Cullman Senior Center	1. Transportation 2. Increase in homemaker, chore, companion, and respite services 3. Increase in home-delivered meals 4. Mental health/isolation/grief support (reassurance/wellness check) 5. More in-home service providers Other comments: improve senior center rules (i.e., open containers), funding to pay transportation drivers, more funding for recreation/crafts (non-evidenced based), senior center field trips, increase legal assistance, larger senior centers (including larger bathroom stalls), improve Medicaid Waiver services (wait list, day programs, more respite hours), waiver expansion for middle class (cost share), more senior housing (specific only to 60+)
Lanett City Hall	1. Mental health/isolation/grief support (reassurance/wellness check) 2. Increase in personal care and chore services 3. Technology training 4. Locating resources 5. Financial planning/budgeting/scam education Other comments: elder abuse information/education, financial exploitation information/education, financial assistance for utilities, pet care help, pest control (including for groundhogs and raccoons)
Andalusia Senior Center	1. Transportation (including list of private transportation resource) 2. Mental health/isolation/grief support (reassurance/wellness check) 3. Increase in homemaker and chore services 4. Increase in home-delivered meals (including service rural areas) 5. Cost effective Durable Medical Equipment (including home mods) Other comments: housing (homelessness assistance), 211 information (partnership/collaboration), more Adult Day Health providers, Project Lifesaver (ID bracelets for people with dementia), insurance benefits education, prescription drug assistance, improved cell/life alert coverage in remote areas (broadband access), senior adult visitation, senior neighborhood watch program

McAbee Senior Center	1. Transportation (including VA transportation challenges) 2. Qualified homecare personnel (including overnight respite care) 3. Access to and understanding of available resources	4. Senior center programs in unreached areas 5. Chore services (specifically yard maintenance)

Other comments: tax relief on pensions/retirement, rate of pay for homecare workers, cost of living for senior adults, transitional assistance for senior adults downsizing (financial)

Services

(5) The services, including a definition of each type of service; the number of individuals to be served; the type and number of units to be provided; and corresponding expenditures proposed to be provided with funds under the Act and related local public sources under the area plan;

Service	Definition
Personal Care	Assistance (personal assistance, stand-by assistance, supervision, or cues) with Activities of Daily Living (ADLs) and/or health-related tasks provided in a person's home and possibly other community settings. Personal care may include assistance with Instrumental Activities of Daily Living (IADLs). Example: dressing, bathing, personal grooming, toileting, transferring in/out of bed/chair, continence, feeding, or walking to assist with personal care needs.
Homemaker	Performance of light housekeeping tasks provided in a person's home and possibly other community settings. Task may include preparing meals, shopping for personal items, managing money, or using the telephone in addition to light housework.
Chore	Performance of heavy household tasks provided in a person's home and possibly other community settings. Tasks may include yard work or sidewalk maintenance in addition to heavy housework.
Adult Day Care/Health	Services or activities provided to adults who require care and supervision in a protective setting for a portion of a 24-hour day. Includes out of home supervision, health care, recreation, and/or independent living skills training offered in centers most known as Adult Day, Adult Day Health, Senior Centers, and Disability Day Programs. [OAA, Section 321(a)(5)(B)]
Case Management	Assistance either in the form of access or care coordination in circumstances where the older person is experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include such practices as screening and assessing needs, providing options counseling, coordinating services, and providing follow-up as required. Short-term case management is used to stabilize individuals and their families in times of immediate need before they have been connected to ongoing support and services. It may involve a home visit and more than one follow-up contact.
Legal Assistance	Legal advice and representation provided by an attorney to older individuals with economic or social needs as defined in the OAA, Sections 102(a) (23 and 24), and

	in the implementing regulation at 45 CFR Section 1321.71, and includes to the extent feasible, counseling, or other appropriate assistance by a paralegal or law student under the direct supervision of a lawyer and counseling or representation by a non-lawyer where permitted by law.
Information and Assistance (I&A)	A service that: provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; assesses the problems and capacities of the individuals; links the individuals to the opportunities and services that are available; to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and serves the entire community of older individuals, particularly with greatest social and economic need and at risk of institutional placement.
Outreach	Intervention with individuals initiated by an agency or organization for the purpose of identifying potential participants or their caregivers and encouraging their use of existing services and benefits.
Public Education	Providing opportunities for individuals to acquire non-nutrition related knowledge, experience, or skills. This service may include workshops designed to increase awareness on various topics, such as crime or accident prevention, continuing education, or legal issues. Workshops may be designed to teach participants a specific skill in a craft, job, or occupation if the participant does not expect to receive wages or other stipends.
Marketing	An activity that involves contact with multiple individuals through newsletters, publications, or other social or mass media activities providing education and outreach. Examples: Newspaper Ad/story – 1 unit / Estimated audience (Clients) = 1,500 Newsletter – 1 unit / Estimated audience (Clients) = 200 Billboard ad – 1 unit / Estimated audience (Clients) = Number of passerby's the billboard company estimates (number must not exceed 10,000 in MyADSS, i.e., if billboard company states passerby's = 50,000 please still enter only 10,000) Social Media Post – 1 unit / Estimated audience (Clients) = Number of followers of social media page
Congregate Meals (may include grab and go meals)	Congregate meals are meals meeting the Dietary Guidelines for Americans and Dietary Reference Intakes … provided under Title III, part C–1 by a qualified nutrition service provider to eligible individuals and consumed while congregating virtually or in-person, except where: (i) If included as part of an approved State plan … or State plan amendment … and area plan or plan amendment …and to complement the congregate meals program, shelf-stable, pick-up, carry- out, drive-through, or similar meals may be provided under Title III, part C–1; (ii) Meals provided .. shall: (A) Not exceed 25 percent of the funds expended by the State agency under Title III, part C–1, to be calculated based on the amount of Title III, part C– 1 funds available after all …are completed; (B) Not exceed 25 percent of the funds expended by any area agency on aging under Title III, part C–1, to be calculated based on the amount of Title III, part C–1 funds available after all transfers …are completed. (iii) Meals ...may be provided to complement the congregate meal program:

	(A) During disaster or emergency situations affecting the provision of nutrition services; (B) To older individuals who have an occasional need for such meal; and/or (C) To older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need. §1321.87(a)(1)
Home-Delivered Meals	Home-delivered meals are meals meeting the Dietary Guidelines for Americans and Dietary Reference Intakes ... provided under Title III, part C–2 by a qualified nutrition service provider to eligible individuals and consumed at their residence or otherwise outside of a congregate setting, as organized by a service provider under the Act. Meals may be provided via home delivery, pick-up, carry-out, drive-through, or similar meals. § 1321.87 (2)
Liquid Nutrition Supplement	A Liquid Nutrition Supplement provided alone and not a part of the meal is considered "other nutrition services" under Title III-C. It can be reported on the State Program Report (SPR) under "consumable supplies."
Transportation Subservice (Home-Delivered Meals)	This unit of transportation may apply to meals of any type delivered to the participant's residence from the senior center or other drop-off point. If the AAA pays to deliver a frozen meal pack, it is one unit of transportation per delivery and per person, but not per meal.
Nutrition Education	An intervention targeting OAA participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) in order to maintain or improve health and address nutrition-related conditions. Content is consistent with the Dietary Guidelines for Americans; accurate, culturally sensitive, regionally appropriate, and considers personal preferences; and overseen by a registered dietitian or individual of comparable expertise as defined in the OAA. (§1321.87(a)(3). (SPR/OAAPS 2021)
Nutrition Counseling	Nutrition Counseling is a service provided under Title III, parts C–1 or 2 which must align with the Academy of Nutrition and Dietetics. Congregate and home-delivered nutrition services shall provide nutrition counseling, as appropriate, based on the needs of meal participants, the availability of resources, and the expertise of a Registered Dietitian Nutritionist. §1321.87(4)
Health Promotion: Evidence-Based	Evidence-based disease prevention and health promotion services programs are community-based interventions as set forth in Title III, part D of the Act, which have been proven to improve health and well-being and/or reduce risk of injury, disease, or disability among older adults. All programs provided using these funds must be evidence based and must meet the Act's requirements and guidance as set forth by the Assistant Secretary for Aging. See link under Notes. October 1, 2016, Title III-D funds will only be able to be used on health promotion programs that meet the highest-level criteria.
Health Promotion: Non-Evidence Based	Health promotion and disease prevention activities that do not meet ACL/AoA's definition for an evidence-based program as defined. These activities may include health risk assessments, routine health screenings, physical fitness or group exercise programs, art therapy, music therapy, counseling regarding social services and follow -up health services, or other non-evidence-based programming (recreation / i.e., games and crafts).
Caregiver services for both Caregivers of Older Adults and Older Relative Caregivers	

Caregiver Information & Assistance Non-Registered Caregiver Aggregate	A service that provides the individual with current information on opportunities & services available to the individuals within their communities; assesses the problems & capacities of the individual; links the individual to services; ensures that the individual receives services they are in need of; and services the entire community of older adults. **Note:** *PeerPlace interface will automatically capture one unit of Caregiver I&A in AIMS when a caregiver participant is screened & referred to the CARES program*
Public Information Services Non-Registered Caregiver Aggregate	A public and media activity that conveys information to caregivers about available services, including in-person interactive presentations, booth/exhibits, or radio, TV, or website events. This service is ***not*** tailored to the needs of the individual caregiver.
Caregiver Support Groups Non-Registered Caregiver Aggregate	A service led by an individual who meets requirements to facilitate caregiver discussion of their experiences and concerns and develop a mutual support system. For the purpose of Title III-E funding, caregiver support groups would **not** include "caregiver education groups," "peer-to-peer support groups," or other groups primarily aimed at teaching skills or meeting on an informal basis without a facilitator that possesses training and/or credentials as required.
*Caregiver Case Management Assistance Registered Caregiver	A service provided to a caregiver, at the direction of the caregiver by an individual who is trained or experienced in the case management skills that are required to deliver services and coordination. To assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs of the caregiver.
*Caregiver Counseling Registered Caregiver	A service designed to support caregivers & assist them in their decision-making and problem solving. Counselors are service providers that are degreed and/or credentialed trained to work with older adults and families and specifically to understand & address the complex physical, behavioral, and emotional problems related to their caregiver roles. Includes counseling to individuals or group sessions.
*Caregiver Training Registered Caregiver	A service that provides family caregivers with instruction to improve knowledge and performance of specific skills relating to caregiving. Skills may include activities related to health, nutrition, and financial management; providing personal care; and communicating with health care providers and other family members. Training may include use of evidence-based programs; be conducted in-person or on-line; and be provided in individual or group settings
*In-Home Respite Registered Caregiver/Care Recipient	A respite service provided in the home of the caregiver or care receiver and allows the caregiver time away to do other activities.
*Out-of-Home Respite (Day) Registered Caregiver/Care Recipient	A respite service provided in settings other than the caregiver/care receiver's home, including adult day care, senior center, or other non-residential setting (in the case of older relatives raising children, day camps) where an overnight stay does not occur.
Out-of-Home Respite (Overnight) Registered Caregiver/Care Recipient	A respite service provided in residential settings such as nursing homes, assisted living facilities, and adult foster homes (or in the case of older relatives raising children, summer camps), in which the care receiver resides in the facility (on a temporary basis) for a full 24-hour period of time.
Other Respite	A respite service provided using OAA funds in whole or in part, which does not fall into the previous defined respite service categories.

Registered Caregiver/Care Recipient	
Supplemental Services Registered Caregiver/Care Recipient	Goods and Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, DME, emergency response systems, legal and/or financial consultation, transportation, and nutrition services. For caregiver age 60+, care recipient must be **unable** to perform two (2) ADLs.

Service	FFY2026 Estimated Persons Served	FFY2026 Units
Personal Care	5,197	904,397
Homemaker	7,365	1,204,600
Chore	80	773
Adult Day Care/Health	14	2,997
Case Management	35,031	111,824
Legal Assistance	4,863	11,738
Information and Assistance (I&A)		430,684
Outreach / Public Education / Marketing (Other Services)	2,558,427	
Congregate Meals (may include grab and go meals)	16,924	1,572,240
Home-Delivered Meals	22,393	4,899,322
Transportation		213,908
Nutrition Education		66,646
Nutrition Counseling	114	169
Health Promotion: Evidence-Based	9,006	
Health Promotion: Non-Evidence Based	1,071,585	
Caregivers of Older Adults		
Caregiver Information & Assistance	37,584	922
Public Information Services	119,159	2,220
Caregiver Support Groups		461
Caregiver Case Management Assistance	4,856	52,238
Caregiver Counseling	2,243	21,221
Caregiver Training	1,410	13,053
In-Home Respite	684	102,739
Out-of-Home Respite (Day)	113	20,177
Out-of-Home Respite (Overnight)	1	216
Other Respite		
Supplemental Services	483	
Older Relative Caregivers		
Caregiver Information & Assistance	10,845	2,189
Public Information Services	22,264	1,042
Caregiver Support Groups		400
Caregiver Case Management Assistance	383	3,770

Caregiver Counseling	267	1,727
Caregiver Training	248	1,341
In-Home Respite	21	2,412
Out-of-Home Respite (Day)	56	11,217
Out-of-Home Respite (Overnight)		
Other Respite		
Supplemental Services	134	

FY 26 Title III Estimated Expenditures

	Admin - B	Admin - E	B	C-1	C-2	D	E	Elder Abuse	Ombudsman	Total
Northwest	222,548	34,545	273,653	**523,227**	**612,678**	61,157	381,881	-	35,363	2,145,051
West	242,180	40,040	553,352	**634,763**	**435,640**	24,507	320,426	7,879	38,110	2,296,898
M4A	167,185	29,995	1,085,623	**1,239,946**	**1,401,573**	118,902	540,802	7,315	61,415	4,652,756
United Way	380,905	65,877	971,070	**981,848**	**1,831,268**	84,886	573,338	16,023	89,280	4,994,494
East	325,231	67,758	1,857,735	**1,335,858**	**2,898,960**	95,511	507,897	17,963	8,363	7,115,276
South Central	192,022	20,376	254,255	**510,981**	**829,438**	23,076	117,511	5,258	14,737	1,967,654
Ala Tom	269,294	22,414	403,292	**752,413**	**854,742**	15,115	117,450	6,224	28,686	2,469,630
SARCOA	254,294	35,225	2,091,178	**1,359,015**	**1,920,535**	42,262	330,458	7,205	31,729	6,071,901
South Ala	322,406	63,550	1,326,978	**2,070,087**	**1,482,748**	116,946	717,335	7,748	14,033	6,121,832
Central	341,779	16,688	480,665	**999,878**	**1,061,948**	44,262	283,832	4,350	23,705	3,257,127
Lee Russell	228,782	24,690	514,841	**324,130**	**293,410**	2,863	110,491	3,091	13,499	1,515,797
NARCOG	138,651	10,229	851,304	**1,073,740**	**1,252,958**	38,047	304,217	5,969	16,414	3,691,530
TARCOG	612,755	85,265	2,209,739	**1,708,715**	**1,801,326**	85,645	518,285	8,685	38,117	7,068,532
	3,698,034	516,652	12,873,685	**13,514,600**	**16,677,224**	753,200	4,823,922	97,711	413,450	53,368,478

Funds Distribution

(6) Plans for how direct services funds under the Act will be distributed within the planning and service area, in order to address populations identified as in greatest social need and greatest economic need, as identified in § 1321.27(d)(1);

OAA funds allocations is completed utilizing the Intrastate Funding Formula (IFF). ADSS requires specific actions that each AAA partner must use to target services to meet the needs of those in greatest social and greatest economic need, and the following actions are recommended to meet these needs:

- Focus on serving those who are considered low-income, minority, especially low-income minority older individuals, and those residing in rural areas, especially those who may be most isolated.
- Focus outreach efforts and services on counties that are the most rural in each partner service area where older individuals may be the most isolated.
- Focus outreach efforts on topics that may be relevant to older individuals and caregivers with the greatest economic and social needs (as defined above).
- Focus on community partnerships with social and religious organizations (tribes for those identified as Native American) that specifically serve those with physical and mental disabilities, language barriers, Native American identity, and chronic conditions (listed below with special emphasis on those living with Alzheimer's disease and other dementias).
- Ensure that the AAA partner governing board and/or advisory council consists of older individuals (including minority individuals and older individuals residing in rural areas) who

are participants or who are eligible to participate in programs provided under the OAA, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' healthcare (if appropriate), and the general public, to continuously advise the AAA on all matters relating to the development of the area plan, the administration of the plan, and operations conducted under the plan.

Chronic conditions:

- Cardiovascular (heart disease, stroke)
- Metabolic and endocrine (diabetes, obesity, high blood pressure)
- Respiratory (asthma, chronic obstructive pulmonary disease (COPD))
- Musculoskeletal (arthritis, osteoporosis)
- Mental health (depression, anxiety, bipolar, schizophrenia)
- Neurological (Alzheimer's disease and other dementias, epilepsy, ALS, autism spectrum disorder)
- Other (cancer, chronic kidney disease, HIV/AIDS)

Minimum Proportion

(8) Minimum adequate proportion requirements, as identified in the approved State plan as set forth in § 1321.27;

ADSS requires each AAA to budget and spend using the following percentages of Title III B funding (plus required match) on priority services:

Title III-B Allotment	
Access	29.1%
In-Home	2.5%
Legal	6.7%

Expansion of Congregate Meals Program

(10) If the area agency requests to allow Title III, part C–1 funds to be used as set forth in § 1321.87(a)(1)(i) through (iii), it must provide the following information to the State agency:

(i) Evidence, using participation projections based on existing data, that provision of such meals will enhance and not diminish the congregate meals program, and a commitment to monitor impact on congregate meals program participation;

(ii) Description of how provision of such meals will be targeted to reach those populations identified as in greatest economic need and greatest social need;

(iii) Description of the eligibility criteria for service provision;

(iv) Evidence of consultation with nutrition and other direct services providers, other interested parties, and the general public regarding the need for and provision of such meals; and

(v) Description of how provision of such meals will be coordinated with nutrition and other direct services providers and other interested parties.

ADSS intends to implement shelf-stable/pick-up meal flexibility at congregate meal sites in accordance with the regulatory updates recently issued by ACL and under the following policies and procedures:

Congregate (C-1) grab and go meals can be used on a limited basis for eligible participants who are determined by the Area Agency on Aging (AAA) to be unable to eat meals in a congregate setting.

Meals must complement the congregate meals program and can be shelf-stable, pick-up, carryout, drive-through, or similar meals provided under the ENP of Alabama.

The AAA has a choice of whether to use grab and go meals.

The AAA using grab and go meals must include this as a written part of their approved area plan or plan amendment. The AAA will monitor the use of grab and go meals and provide proof of monitoring to ADSS upon request.

Grab and go meals shall not exceed 25% of the Title III, part C-1 funds expended by ADSS and/or by any AAA according to ADSS fiscal records.

Special functions or trips where meals are consumed as a group away from the senior center are congregate meals and shall not count as grab and go meals.

Participants who pick up meals but congregate virtually and consume the meal together shall not count as a grab and go meal.

Grab and go meals are any C-1 meal (hot, picnic, shelf-stable, or frozen) that is not consumed in a congregate setting.

Ineligible people should not be served grab and go meals.

Criteria for assessing participants for grab and go meals: Eligible Congregate participants qualify for the grab and go meals service if any of the following exists:

A. During disaster or emergency situations affecting the provision of nutrition services. For example, a center must close for situations such as bad weather, water service disruption, public health emergency, and participants cannot congregate to eat.
B. Older individuals who have an occasional need for such a meal. For example, a participant who has a doctor's appointment and cannot stay to eat at the center, severe weather, local funeral, food bank pick-up days, providing childcare, or lack of transportation. Other examples include a congregate participant is sick, and a meal is picked up by the participant (or their agent) or delivered to the participant. Grab and go meals consumed offsite longer than three consecutive weeks by a congregate participant could be considered C-2 meals and funded with C-2 funds.

C. Older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need. Consuming a meal in the congregate setting causes a socialization impairment. Example: A person may have swallowing, chewing, other medical, mental, or hygiene issues that would cause them difficulty eating with others. Participant with compromised immune system & needs to avoid crowds, participant with a rigid eating schedule with conditions like Crohn's disease, participant with chewing or swallowing problems.
D. Other unusual circumstances, approved by the SUA and AAA that would prevent a participant from eating in a congregate setting.

Procedure:

Eligible congregate participants with a regular need for grab and go meals will be assessed and pre-approved by the AAA before being served. (See Criteria for assessing participants for grab and go meals and check "Grab and Go" on the ENP Enrollment Form).

Eligible congregate participants with an occasional need for grab and go meals should be approved by the AAA prior to being served.

The senior center shall document the number of C-1 grab and go meals served each day on the item delivery ticket (IDT) under GNG (grab and go).

C-1 grab and go meals shall be documented on the meal accounting and reporting system (MARS) meal ticket each day under Served Grab N Go.

On the MARS meal ticket, (meals served congregate + meals served grab and go = people eligible congregate).

*If a AAA chooses not to use grab and go meals, any C-1 meal not consumed in a congregate setting will have to be paid with C-2 funds. Congregate clients who receive a grab-and-go meal paid for with C-2 funds may not necessitate the ADL/IADL requirement since they are not considered a home-bound participant.

Services Specific to Conditions

(c) Area plans shall incorporate services which address the incidence of hunger, food insecurity and malnutrition; social isolation; and physical and mental health conditions.

Each of Alabama's Area Agencies on Aging (AAA), through their Area Plans, provide OAA services that encompass the factors listed in the statute.

Self-Direction

(d) Pursuant to section 306(a)(16) of the Act (42 U.S.C. 3026(a)(16)), area plans shall provide, to the extent feasible, for the furnishing of services under this Act, through self-direction.

Each of Alabama's Area Agencies on Aging (AAA) provide a minimum of one (1) service program utilizing self-direction practices.

Coordination of Goals/Objectives

(e) Area plans on aging shall develop objectives that coordinate with and reflect the State plan goals for services under the Act.

ADSS engages in regular communications with the AAA Director's to ensure the Area Plans will mirror the goals and objectives of the State Plan with guidance detailing for the AAAs to create the strategies and projected outcomes for each goal and objective. Annually ADSS works with the AAAs through an Annual Operating Plan process to detail progress and next steps toward achieving the strategies developed in the Area Plans.

Title VI Coordination

*(a) For planning and service areas where there are Title VI programs, the area agency's **policies and procedures**, developed in coordination with the relevant Title VI program director(s), as set forth in § 1322.13(a), must explain how the area agency's aging network, including service providers, will coordinate with Title VI programs to ensure compliance with section 306(a)(11)(B) of the Act (42 U.S.C. 3026(a)(11)(B)).*

*(b) The **policies and procedures** set forth in paragraph (a) of this section must at a minimum address:*

(1) How the area agency's aging network, including service providers, will provide outreach to Tribal elders and family caregivers regarding services for which they may be eligible under Title III;

(2) The communication opportunities the area agency will make available to Title VI programs, to include Title III and other funding opportunities, technical assistance on how to apply for Title III and other funding opportunities, meetings, email distribution lists, presentations, and public hearings;

(3) The methods for collaboration on and sharing of program information and changes, including coordinating with service providers where applicable;

(4) How Title VI programs may refer individuals who are eligible for Title III services;

(5) How services will be provided in a culturally appropriate and trauma-informed manner; and

(6) Opportunities to serve on advisory councils, workgroups, and boards, including area agency advisory councils as set forth in § 1321.63.

ADSS is committed to facilitating collaborative efforts between Title III and Title VI programs in Alabama to best serve all older adults in the state. Collaboration with Tribal Organizations and Title VI programs is woven throughout the administration of Older American Act programs. The

needs assessment for the 2025 – 2028 State Plan was intentionally inclusive of older native Americans in to best understand the needs of all older adults on the state. ADSS will continue to support, encourage, and pursue strategies to increase these collaborations between Title III and Title VI programs. AAAs, the Alabama Indian Affairs Commission (AIAC), and Tribal Organizations will be provided with information about the updated Title VI requirements in Section 1322 of the OAA.

ADSS will work with the AAAs and AIAC to communicate these opportunities and program information and changes where applicable including:

- Strategies for outreach to elders and family caregivers;
- How title VI programs may refer individuals; and
- Opportunities to serve on advisory councils, workgroups, and boards, when applicable.

ADSS will work with the AAAs, AIAC, and Tribal Organizations to understand how Tribal Organizations define their targeted populations of greatest social and economic need, and how to provide collaborative Title III programming in a culturally appropriate and trauma-informed manner. Multiple strategies are added to Objective 1.1 Title VI. Coordination also includes preparation for emergencies and disaster management. Strategies are added to Objective 2.3 to enhance this collaboration.

Alabama Tombigbee Regional Commission
Area Agency on Aging
Board of Director's 2025

Judge Jimmy Nunn, Judge of Probate
Dallas County

Commissioner Vivian Rogers
Dallas County

Commissioner Tommie Armistead
Sumter County

Commissioner Tony Cherry
Choctaw County

Judge Sonya Stinson, Judge of Probate
Monroe County

Commissioner Lenard Millender
Conecuh County

Judge Steve Flemming
Conecuh County

Commissioner Albert Turner
Perry County

Commissioner Bill Albritton, Chairman
Wilcox County

Commissioner Allen Bailey
Washington County

Commissioner Rhondel Rhone
Clarke County

Commissioner Jason Windham
Marengo County

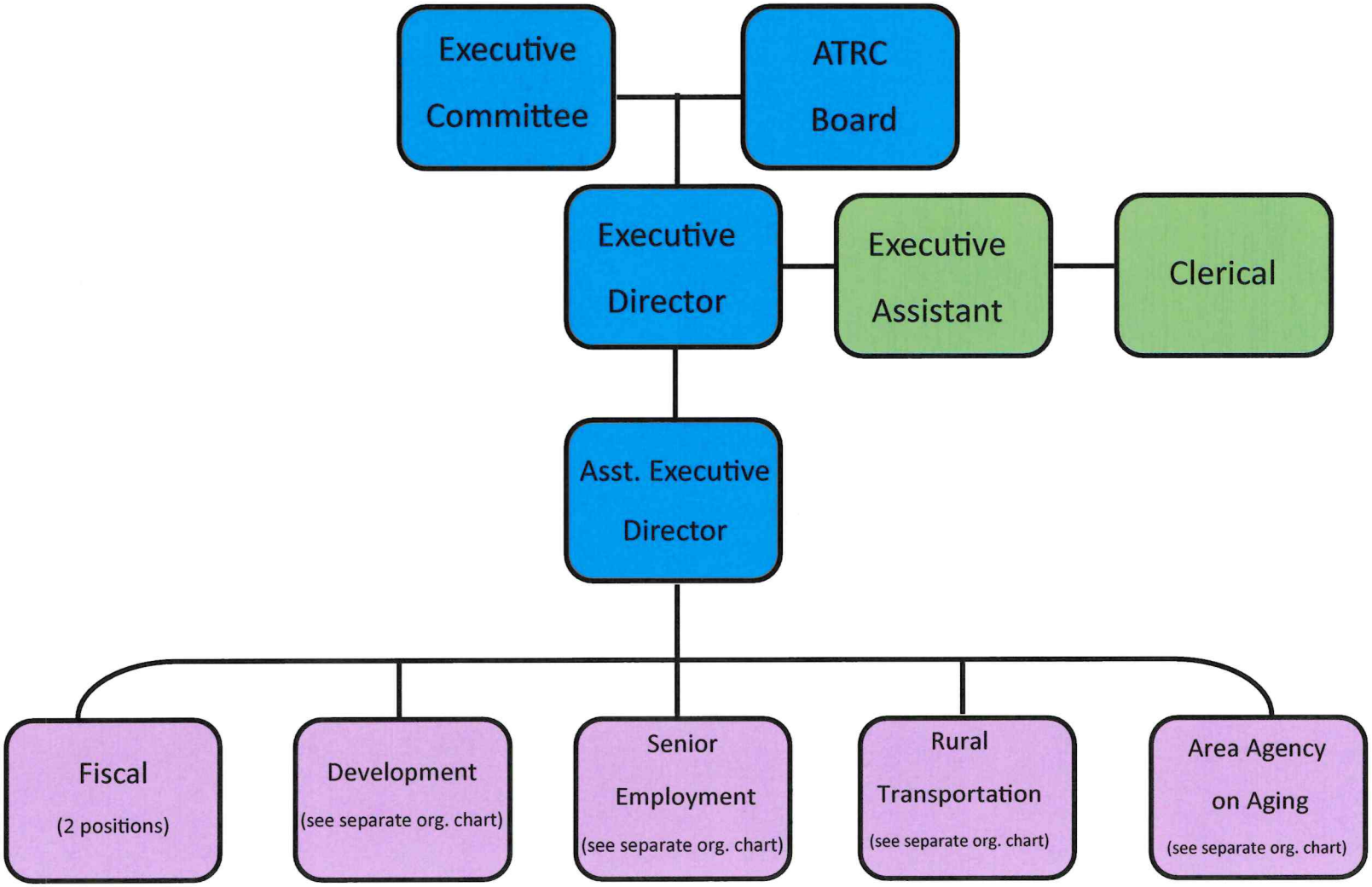
ADVISORY COUNCIL

OAA 306(a)(6)(D)
The Area Agency on Aging (hereinafter "AAA") will establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants, or who are eligible to participate in, programs assisted under this Act, representatives of older individuals, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the AAA on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan.

AAA: ATRC Area Plan FY: 2025

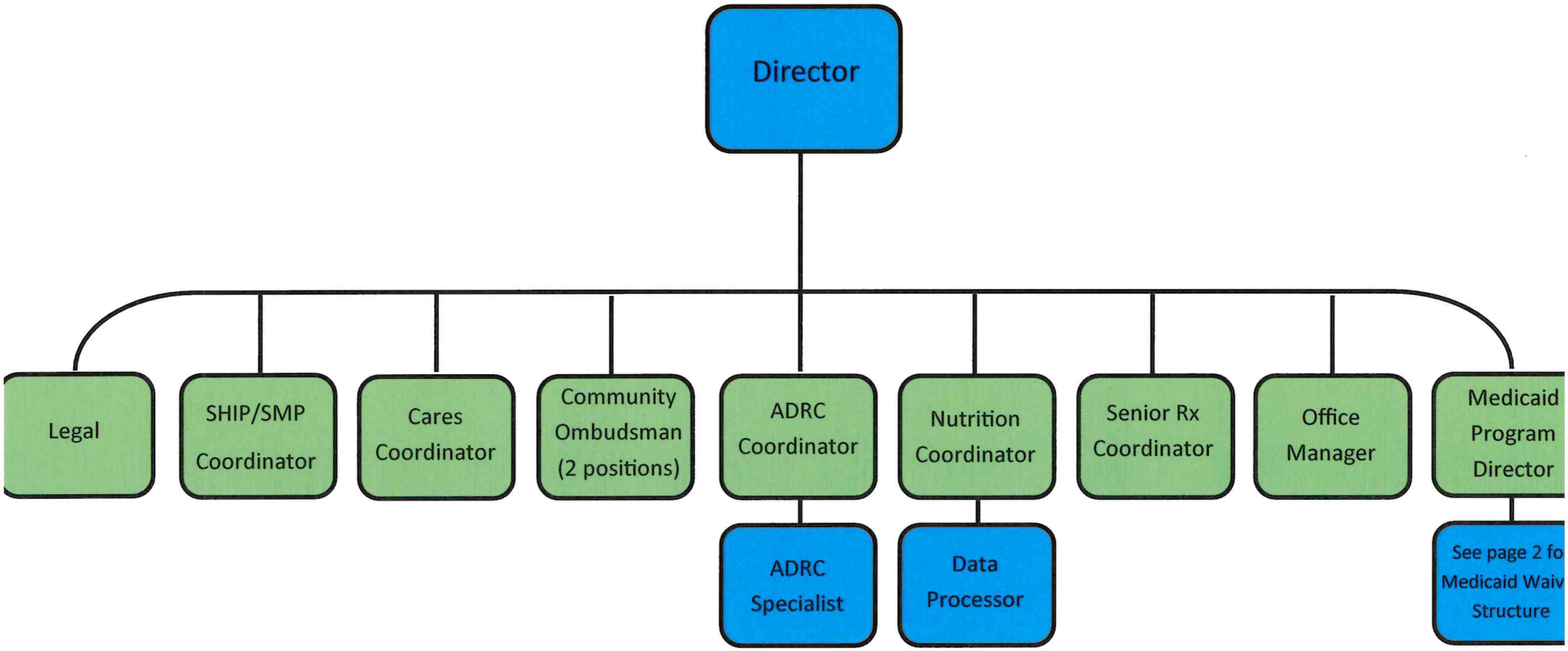
NAME	OLDER INDIVIDUAL			REP. OF OLDER INDIVIDUAL	LOCAL ELECTED OFFICIAL	PROVIDER OF VETERANS' HEALTH CARE (if appropriate)	GENERAL PUBLIC
	MINORITY	RURAL	CLIENT/ PARTICIPANT?				
Annye Braxton	x	x		x			ADH Providor
Gerry Burford		x		x	ASHL		x
Richmond Chaney	x	x		x	ASHL		x
Linda Turner-Gaines	x	x	x	x			x
Eula Gladden	x	x		x			x
Terri Lyles		x		x			RSVP Director
Mary Jo Martin		x		x	ASHL		x
Shirley McClurkin		x		x	ASHL		x
Norma McCrory		x		x			DETA Trainer
Jim Nettles	x	x		x			x
Judy Powe		x		x			x
John Solomon	x	x		x			Housing Authority
Joanne Barnes	x	x		x			
Ywell Cunningham		x		x	ASHL		

ALABAMA TOMBIGBEE REGIONAL COMSISSION ORGANIZATIONAL CHART

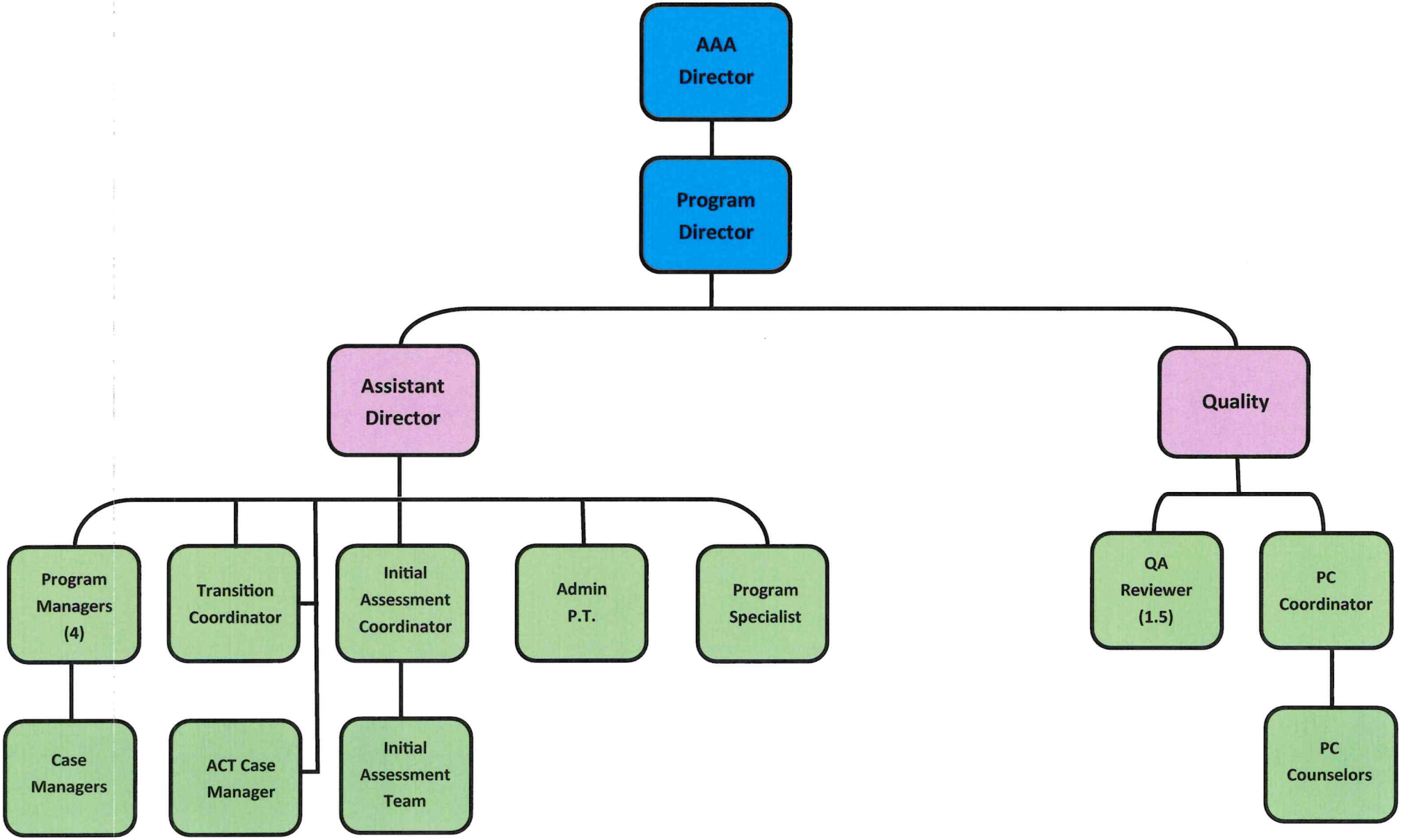


ALABAMA TOMBIGBEE REGIONAL COMMISSION

AREA AGENCY ON AGING

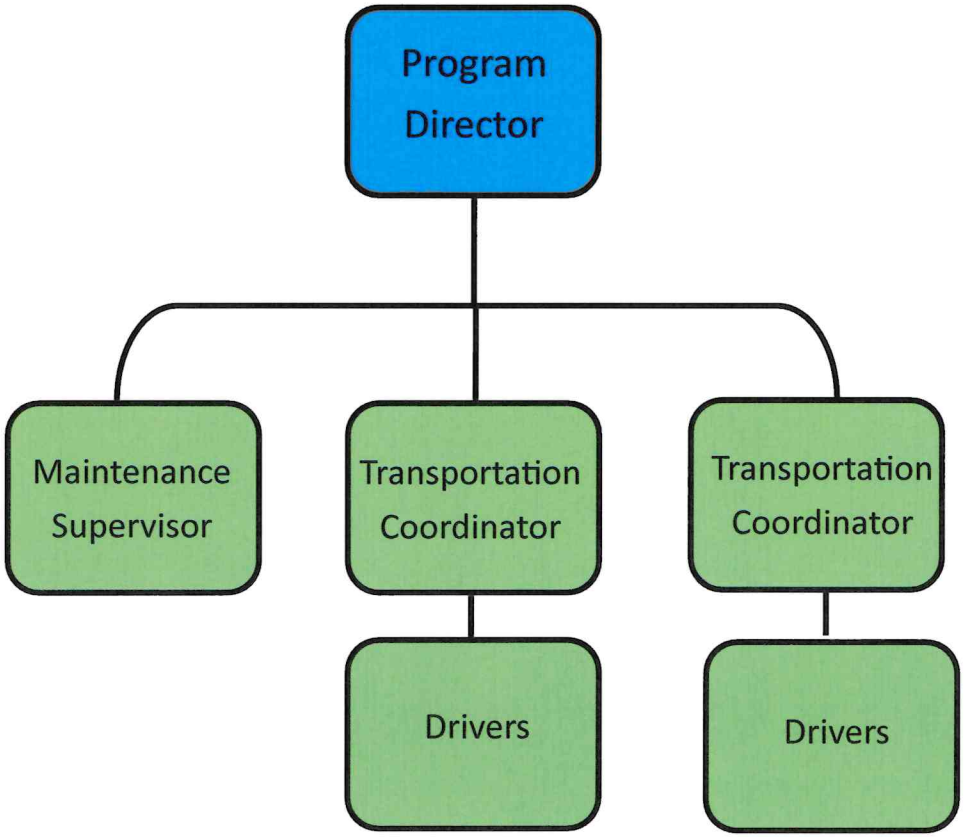


MEDICAID WAIVER STRUCTURE



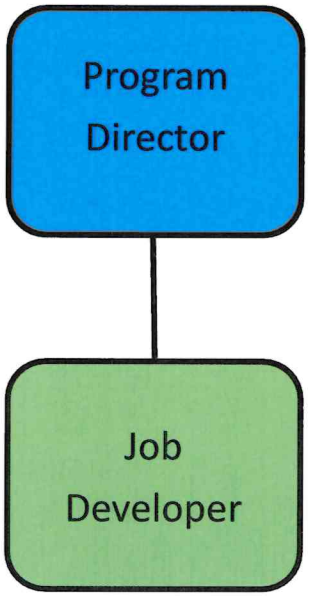
ALABAMA TOMBIGBEE REGIONAL COMMISSION

RURAL TRANSPORTATION



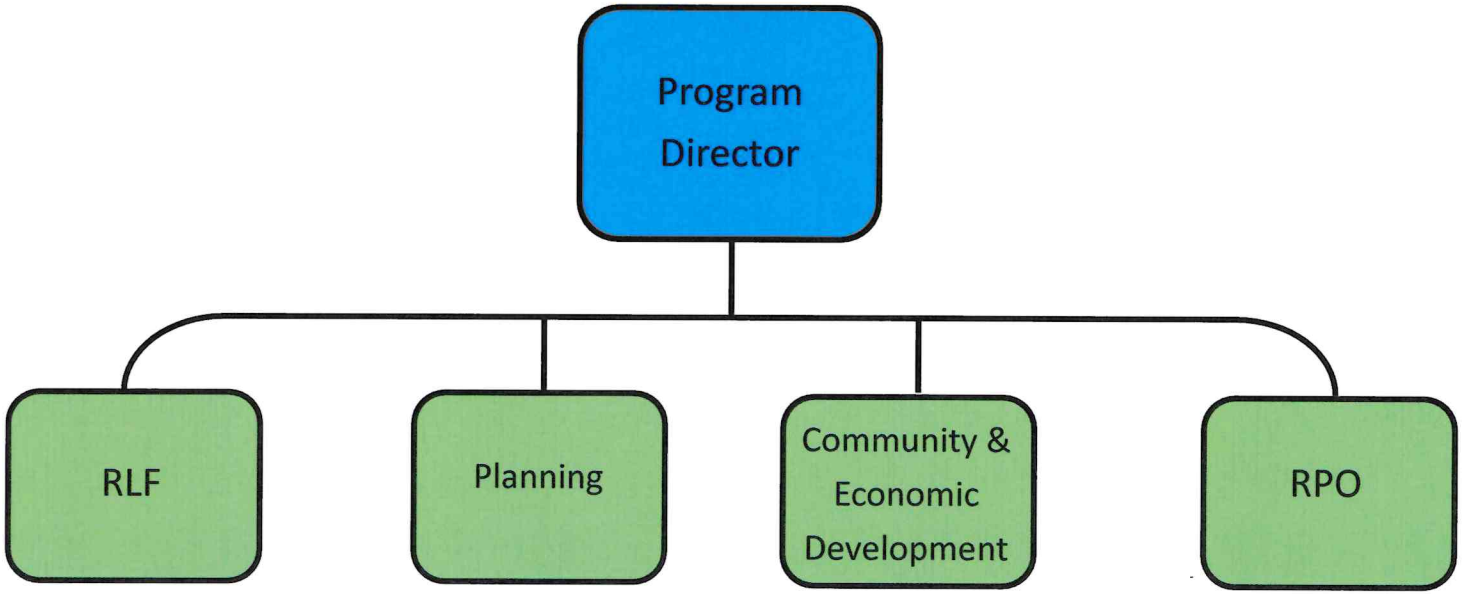
ALABAMA TOMBIGBEE REGIONAL COMMISSION

SENIOR EMPLOYMENT PROGRAM

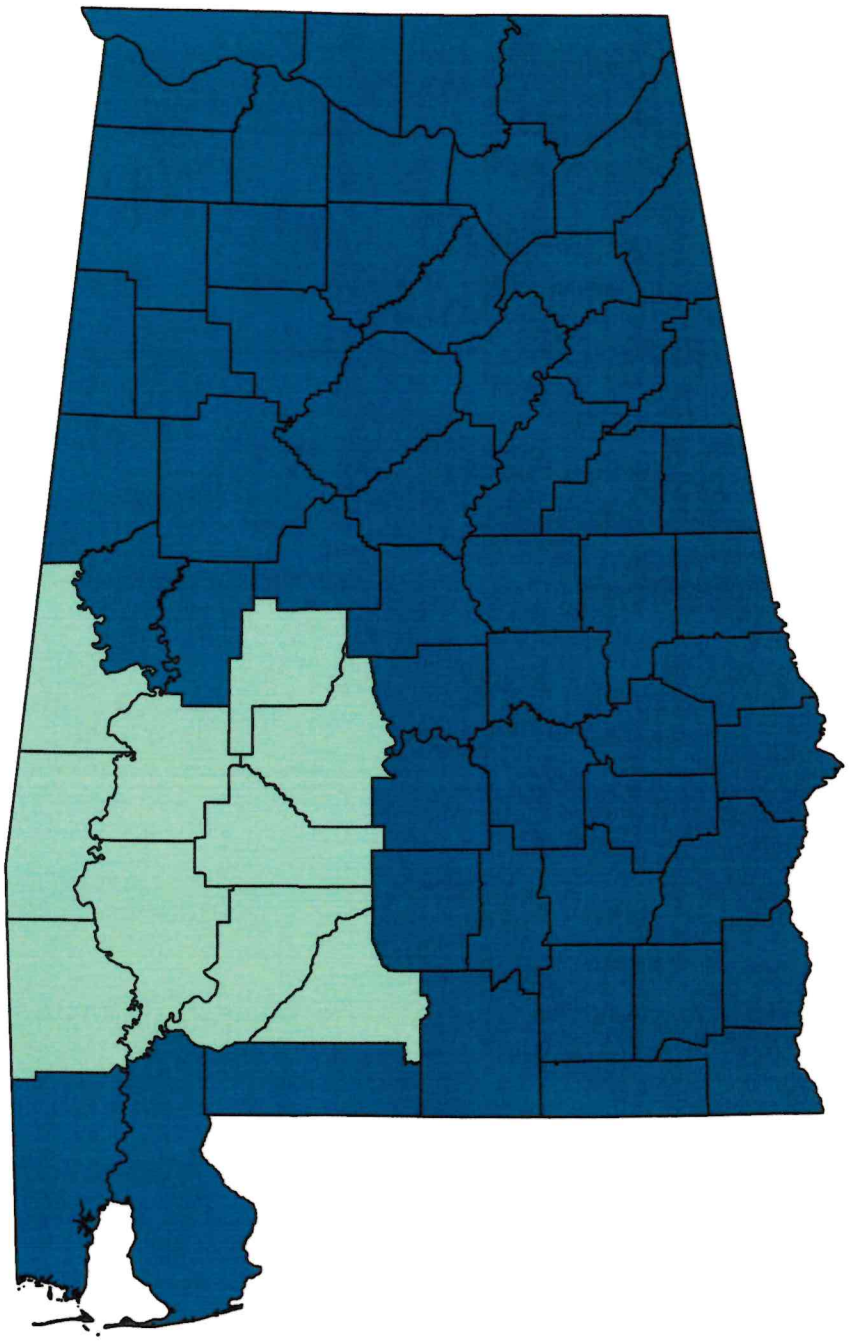


ALABAMA TOMBIGBEE REGIONAL COMMISSION

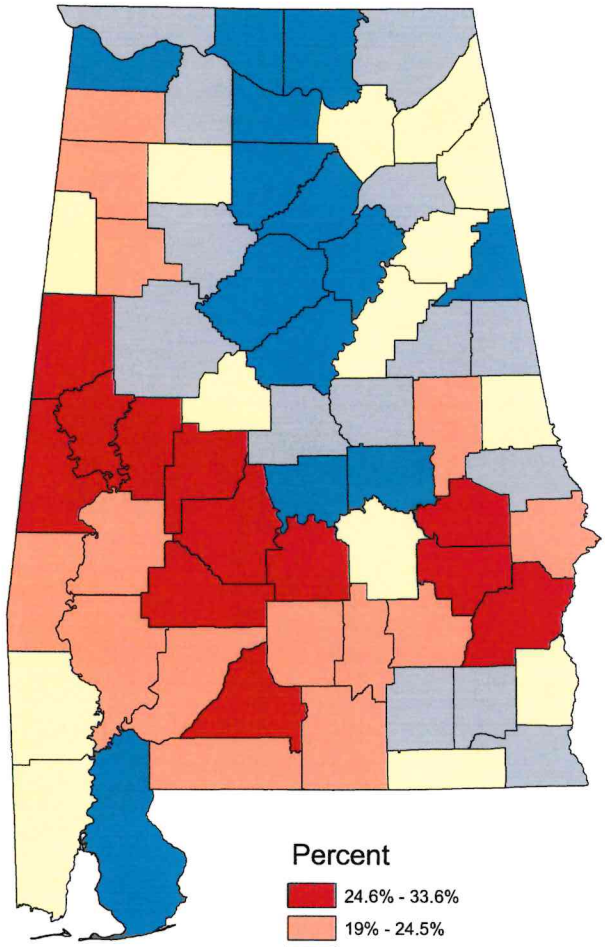
PLANNING & DEVELOPMENT



ATRC Aging Region Map



Population in Poverty by County, 2008



Produced by: Cartographic Research Lab
Department of Geography
University of Alabama
Source:U.S. Census Bureau, Small Area Estimates Branch

Alabama

State Health Department Website: alabamapublichealth.gov

Overall Rank

44

Summary

Key Findings

Drug Deaths

65%▲

from 4.9 to 8.1 deaths per 100,000 adults age 65 and older between 2018-2020 and 2021-2023.

Cognitive Difficulty

17%▼

from 11.4% to 9.5% of adults age 65 and older between 2016 and 2023.

High-Speed Internet

14%▲

from 71.7% to 81.6% of households with adults age 65 and older between 2019 and 2023.

Strength

- Low housing cost burden

Challenge

- Low prevalence of exercise

Visit **AmericasHealthRankings.org** for the full list of measures, source details and methodologies.

Measures

		State Rank	State Value	U.S. Value
Social and Economic Factors		**43**	**-0.631**	
Community and Family Safety	Motor Vehicle Deaths (Deaths per 100,000 adults age 65+)	41	18.6	13.8
Economic Resources	Food Insecurity (% of adults age 60+)	41	9.2%	8.7%
	Poverty (% of adults age 65+)	38	11.9%	11.3%
	SNAP Reach (Participants per 100 adults age 60+ living in poverty)	26	67.0	82.8
Social Support and Engagement	Community Support Expenditures (Dollars per adult age 60+)	7	$104	$62
	High-Speed Internet (% of households with adults age 65+)	46	81.6%	86.5%
	Low-Care Nursing Home Residents (% of residents)	35	11.9%	8.9%
	Risk of Social Isolation (Index from 1-100)	44	78	–
	Unpaid Elder Care (% of population age 15+)*	33	16.6%	14.1%
	Volunteerism (% of adults age 65+)	46	20.1%	26.3%
Physical Environment		**7**	**1.113**	
Air and Water Quality	Air Pollution (Micrograms of fine particles per cubic meter)	21	7.5	8.6
	Drinking Water Violations (Average violations per community water system)	20	1.9	2.8
Climate and Health	Emergency Management Plan (Policy in place)*	–	No	–
Housing and Transit	Housing Cost Burden (% of households with adults age 65+)	4	25.3%	33.5%
Clinical Care		**37**	**-0.261**	
Access to Care	Avoided Care Due to Cost (% of adults age 65+)	28	3.4%	3.6%
	Geriatric Clinicians (Clinicians per 100,000 adults age 65+)	20	38.9	39.9
	Home Health Care Workers (Workers per 1,000 adults age 65+)	49	21.0	62.0
Preventive Clinical Services	Cancer Screenings (% of adults ages 65-75)	19	76.1%	74.1%
	Flu Vaccination (% of adults age 65+)	28	62.5%	63.4%
	Pneumonia Vaccination (% of adults age 65+)	41	66.8%	70.2%
Quality of Care	Dedicated Health Care Provider (% of adults age 65+)	19	96.7%	95.9%
	Hospice Care (% of Medicare decedents)	20	48.6%	46.9%
	Nursing Home Quality (% of beds rated four or five stars)	27	33.4%	31.1%
	Preventable Hospitalizations (Discharges per 100,000 Medicare beneficiaries ages 65-74)	49	2,054	1,477
Behaviors		**47**	**-1.230**	
Nutrition and Physical Activity	Exercise (% of adults age 65+)	46	18.8%	29.0%
	Fruit and Vegetable Consumption (% of adults age 65+)	37	5.2%	7.3%
	Physical Inactivity (% of adults age 65+ in fair or better health)	46	41.0%	31.7%
Sleep Health	Insufficient Sleep (% of adults age 65+)	43	30.6%	28.1%
Tobacco Use	Smoking (% of adults age 65+)	35	9.9%	8.5%
Health Outcomes		**45**	**-0.811**	
Behavioral Health	Drug Deaths (Deaths per 100,000 adults age 65+)*	7	8.1	13.3
	Excessive Drinking (% of adults age 65+)	10	5.5%	6.9%
	Frequent Mental Distress (% of adults age 65+)	11	7.5%	8.7%
	Suicide (Deaths per 100,000 adults age 65+)	28	19.3	17.7
Mortality	Early Death (Deaths per 100,000 adults ages 65-74)	45	2,378	1,810
Physical Health	Falls (% of adults age 65+)	46	33.7%	27.8%
	Frequent Physical Distress (% of adults age 65+)	40	19.0%	17.0%
	Multiple Chronic Conditions (% of Medicare beneficiaries ages 65-74)	50	65%	53%
	Obesity (% of adults age 65+)	36	33.6%	30.2%
	Teeth Extractions (% of adults age 65+)	41	16.7%	12.1%
Overall		**44**	**-0.635**	

* Unweighted measure that does not contribute to a state's overall rank.
– Data not available, missing or suppressed.

AMERICA'S HEALTH RANKINGS
UNITED HEALTH FOUNDATION

Fifteen Leading Causes of Death in Alabama*

Cause	Number	Rate**
Diseases of the Heart	14,573	285.30
Malignant Neoplasms	10,559	206.70
Accidents	3,556	69.60
Cerebrovascular Diseases	3,197	62.60
Chronic Lower Respiratory Diseases	3,115	61.00
Alzheimer's Disease	2,338	45.80
Diabetes Millitus	1,438	28.10
Nephritis, Nephrotic Syndrome & Nephrosis	1,305	25.50
Septicemia	1,105	21.60
Influenza & Pneumonia	962	18.60
Chronic Liver Disease & Cirrhosis	948	18.60
COVID-19	923	18.10
Essential (Primary) Hypertension	869	17.00
Intensional Self-Harm (Suicide)	864	16.90
Assault (Homicide)	715	14.00
All Other Causes	12,744	N/A

*Alabama Center for Health Statistics -2023

** Per 100,00 population

ALABAMA-TOMBIGBEE REGIONAL COMMISSION

CONFLICT OF INTEREST POLICY

This conflict of interest policy is designed to help directors, officers and employees of the Alabama-Tombigbee Regional Commission identify potential conflict of interest and provide transparency in the Commission's decision making.

In addition the members of the Board of Directors of the Alabama-Tombigbee Regional Commission are subject to the Ethics Laws of the State of Alabama governing public officials.

Provisions of Policy

1. Board members shall avoid any activity which is in conflict with the conduct of official duties and responsibilities and should avoid the appearance of conflict of interest, seeking or accepting no favor, benefit or personal profit.
2. Board members should never conduct themselves in a manner which gives the impression that they can be improperly influenced in the performance of their duties and responsibilities; and Board members, in the proper and faithful exercise of those duties and responsibilities, shall maintain complete impartiality between vendors, between contractors and between consultants, giving no preferential treatment and showing no favoritism in conduct, attitudes, or actions.
3. Board members shall not directly or indirectly solicit any payments or accept or receive any payments or gifts of material value-whether it be in the form of objects, money, services, loans, travel, entertainment, hospitality, or favors-that may be intended, perceived, inferred, expected or construed to influence them in the performance of duty.
4. Board members shall refrain from discussion, voting on salaries, bonuses or contracts of any relative employed by ATRC.
5. Employees shall adhere to provisions in items 1, 2, and 3 and shall disclose to the Executive Director any activities that might be construed as a conflict. This does not mean that employee's relatives are not eligible for agency services if qualified properly for those services.

Alabama-Tombigbee Regional Commission
Area Agency on Aging
Title-III Services
GRIEVANCE PROCEDURES

As required according to the Older Americans Act, the Area Agency has established the following procedures for older individuals who are dissatisfied with or denied Title-III services:

Appeals Process:

The following procedures are designed to aid you in resolving problems if you believe your rights have been violated, if you wish to appeal our agency's decision (for non-acceptance for Title-III services or discharge from Title III services), or if you have a complaint about services received from the Alabama-Tombigbee Area Agency on Aging. These procedures are for your convenience and are not designed to define or limit any legal remedies you may have. If you do have problems with the Alabama-Tombigbee Area Agency on Aging services; however, you may wish to complete the following process.

First, define the problem. Writing it down may help you clarify your concerns. Ask yourself: *When did the problem occur?* (Include times and dates, if possible) *Who else has observed the problem?* Ask questions of others who may be aware of the same situation.

Second, when you feel it is appropriate, attempt to resolve the problem informally with an Area Agency on Aging Staff Person.

Third, if your complaint has not been resolved within a reasonable period of time, but not later than 10 business days after you approach the staff member most involved, then you should submit a written complaint to the Alabama-Tombigbee Area Agency Director, 107 Broad St., Camden, Alabama 36726.

Fourth, if the Area Agency fails to respond to your concern or if you are not satisfied with the Area Agency's response; then, within 10 working days after you receive the Area Agency's response, you should submit a written statement outlining you concern to the Alabama-Tombigbee Regional Commission Executive Director, 107 Broad St., Camden, Alabama 36726. The Executive Director will then review your concern and respond within 10 working days of receipt of your written concern.

Fifth, if you are not satisfied with the Executive Director's response, then you may appeal in writing to the Alabama Department of Senior Services Executive Director, P. O. Bx 301851, Montgomery, Alabama 36130. The Executive Director will review and respond to your appeal in writing within 30 days of receipt of your written concern.

Needs Assessment (English and Spanish)

Alabama Department of Senior Services
2025-2028 State Plan on Aging
Needs Assessment

Make your voice heard by sharing what's important to you. We are seeking help from Senior Adults, People with Disabilities, Caregivers, and Others interested in people living at home for as long as possible. The information collected from this assessment will play an integral part in the development of the State Plan on Aging.

1. Please choose your race (Choose one by placing an X in the box of your choice)

American Indian or Alaska Native	☐	Native Hawaiian or Pacific Islander	☐
Asian or Asian American	☐	Native American	☐
Black or African American	☐	White	☐
Other	☐		

2. Please choose your ethnicity (Choose one by placing an X in the box of your choice)

Hispanic or Latino	☐	Not Hispanic or Latino	☐

3. Please choose your monthly income range (Choose one by placing an X in the box of your choice)

$1,255 or less	☐	Greater than $1,255	☐

4. Please choose your age range (Choose one by placing an X in the box of your choice)

Under 60	☐	60 or older	☐

5. Please choose your location (Choose one by placing an X in the box of your choice)

Rural	☐	Non-rural	☐

6. Do you live alone? (Choose one by placing an X in the box of your choice)

Yes	☐	No	☐

7. Do you feel socially isolated and/or lonely? (Choose one by placing an X in the box of your choice)

Yes	☐	No	☐

8. Are you a person living with a disability? (Choose one by placing an X in the box of your choice)

Yes	☐	No	☐

9. Are you a caregiver taking care of someone else? (Choose one by placing an X in the box of your choice)

Yes	☐	No	☐

10. If you are not able to take care of yourself, is there a family member or friend who would take care of you?
(Choose one by placing an X in the box of your choice)

Yes	☐	No	☐	Don't Know	☐

11. Using the number scale below, please tell us the importance of each item by placing an **X** in the box you choose:

1=Not Very Important, 2=Somewhat Not Important, 3=Somewhat Important, 4= Very Important

	1	2	3	4
Availability of Affordable Housing				
Availability of Affordable Transportation				
Availability of Affordable Home Modifications for Disabilities				
Availability of In-Home Care (housekeeping, personal care)				
Availability of No Cost Legal Help				
Availability of Meals (in the senior center or home-delivered)				
Availability of Assistive Technology				
Information about Emergency Preparedness				
Information about Alzheimer's and Other Dementias				

Information about Elder Abuse, Neglect, and Exploitation				
Information about Medicare or Medicaid Health Coverage				
Information about Safety and Crime Prevention				
Information about COVID-19 and Availability of Vaccination				
Information about Isolation and Loneliness				
Information about Scams Targeting Older Adults				
Help as a Caregiver Taking Care of an Aging Adult or Grandchild				
Help with Financial Planning				
Help with Planning Healthy Meals				
Help with Staying at Home Instead of Nursing Home				
Help with Finding Employment (full-time or part-time)				

SPANISH

Departamento de Servicios para Personas Mayores de Alabama
Plan Estatal sobre Envejecimiento 2025-2028
Necesita valoración

Haz oír tu voz compartiendo lo que es importante para ti. Buscamos ayuda de adultos mayores, personas con discapacidades, cuidadores y otras personas interesadas en que las personas vivan en casa el mayor tiempo posible. La información recopilada a partir de esta evaluación desempeñará un papel integral en el desarrollo del Plan Estatal sobre el Envejecimiento.

12. Por favor elige tu carrera (Elige una colocando una X en la casilla de tu elección)

Indio americano o nativo de Alaska	☐	Nativo de Hawái o de las islas del Pacífico	☐
Asiático o asiático americano	☐	Nativo americano	☐
Negro o afroamericano	☐	Blanco/blanca americano	☐
Otro	☐		

13. Por favor elija su origen étnico (Elija uno colocando una X en la casilla de su elección)

hispano o latino	☐	No Hispano o Latino	☐

14. Por favor elija su rango de ingresos mensuales (Elija uno colocando una X en la casilla de su elección)

$1,255 o menos	☐	Más de $1,255	☐

15. Por favor elija su rango de edad (Elija uno colocando una X en la casilla de su elección)

Menos de 60	☐	60 o más	☐

16. Por favor elija su ubicación (Elija una colocando una X en la casilla de su elección)

Rural	☐	No rural	☐

17. ¿Vives solo? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐

18. ¿Se siente socialmente aislado y/o solo? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐

19. ¿Es usted una persona que vive con una discapacidad? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐

20. ¿Es usted un cuidador que cuida a otra persona? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐

21. Si no puede cuidarse a sí mismo, ¿hay algún familiar o amigo que pueda cuidar de usted? (Elija uno colocando una X en la casilla de su elección)

Sí	☐	No	☐	no lo sé	☐

22. Usando la escala numérica a continuación, díganos la importancia de cada elemento colocando una **X** en la casilla que elija:

1=No muy importante, 2=Poco importante, 3=Poco importante, 4=Muy importante

	1	2	3	4
Disponibilidad de viviendas asequibles				
Disponibilidad de transporte asequible				
Disponibilidad de modificaciones de viviendas asequibles para discapacitados				
Disponibilidad de atención domiciliaria (limpieza, cuidado personal)				
Disponibilidad de ayuda legal sin costo				
Disponibilidad de comidas (en el centro para personas mayores o entrega a domicilio)				
Disponibilidad de tecnología de asistencia				
Información sobre preparación para emergencias				
Información sobre el Alzheimer y otras demencias				
Información sobre el abuso, la negligencia y la explotación de personas mayores				
Información sobre la cobertura de salud de Medicare o Medicaid				
Información sobre Seguridad y Prevención de Delitos				
Información sobre COVID-19 y disponibilidad de vacunación				
Información sobre el aislamiento y la soledad				
Información sobre estafas dirigidas a adultos mayores				
Ayuda como cuidador para cuidar a un adulto mayor o a un nieto				
Ayuda con la planificación financiera				
Ayuda para planificar comidas saludables				
Ayuda para quedarse en casa en lugar de en un asilo de ancianos				
Ayuda para encontrar empleo (tiempo completo o tiempo parcial)				

Public Meetings

Public Meetings		
Venue	**Date**	**Attendance**
Cullman Senior Center	3/20/2024	104
Lanett City Hall	3/21/2024	50
Andalusia Senior Center	3/28/2024	35
McAbee Senior Center	4/5/2024	42

Public Meetings Results

Public Meetings Comments	
	Top 5 Needs/Unmet Needs
Cullman Senior Center	1. Transportation 2. Increase in homemaker, chore, companion, and respite services 3. Increase in home-delivered meals 4. Mental health/isolation/grief support (reassurance/wellness check) 5. More in-home service providers Other comments: improve senior center rules (i.e., open containers), funding to pay transportation drivers, more funding for recreation/crafts (non-evidenced based), senior center field trips, increase legal assistance, larger senior centers (including larger bathroom stalls), improve Medicaid Waiver services (wait list, day programs, more respite hours), waiver expansion for middle class (cost share), more senior housing (specific only to 60+)
Lanett City Hall	1. Mental health/isolation/grief support (reassurance/wellness check) 2. Increase in personal care and chore services 3. Technology training 4. Locating resources 5. Financial planning/budgeting/scam education Other comments: elder abuse information/education, financial exploitation information/education, financial assistance for utilities, pet care help, pest control (including for groundhogs and raccoons)
Andalusia Senior Center	1. Transportation (including list of private transportation resource) 2. Mental health/isolation/grief support (reassurance/wellness check) 3. Increase in homemaker and chore services 4. Increase in home-delivered meals (including service rural areas) 5. Cost effective Durable Medical Equipment (including home mods)

	Other comments: housing (homelessness assistance), 211 information (partnership/collaboration), more Adult Day Health providers, Project Lifesaver (ID bracelets for people with dementia), insurance benefits education, prescription drug assistance, improved cell/life alert coverage in remote areas (broadband access), senior adult visitation, senior neighborhood watch program
McAbee Senior Center	1. Transportation (including VA transportation challenges) 2. Qualified homecare personnel (including overnight respite care) 3. Access to and understanding of available resources 4. Senior center programs in unreached areas 5. Chore services (specifically yard maintenance) Other comments: tax relief on pensions/retirement, rate of pay for homecare workers, cost of living for senior adults, transitional assistance for senior adults downsizing (financial)

PLEASE KEEP FOR YOUR RECORDS

Cost Sharing System for Older Americans Act Services

(Based on 2024 DHHS Poverty Guidelines)

% of Federal Poverty Level	Gross Annual Income	Gross Monthly Income	% per Cost of Service	Fee per $1000 Cost of Service	Fee per $500 cost of Service
101-133%	$15,453 - $20,349	$1,287 - $1,695	5%	$50.00	$25.00
134-150%	$20,496 - $22,956	$1,708 - $1,913	10%	$100.00	$50.00
151-200%	$23,100 - $30,600	$1,1925 - $2,550	15%	$150.00	$75.00
201-250%	$30,756 - $38,196	$2,563 - $3,188	20%	$200.00	$100.00
251-300%	$38,400 - $45,900	$3,200 - $3,825	40%	$400.00	$200.00
300-400%	$45,900 - $61,200	$3,825 - $5,100	60%	$600.00	$300.00
400-499%	$61,200 - $76,344	$5,100 - $6,362	80%	$800.00	$400.00
500% and over	$76,500 and over	$6,375 and over	100%	$1,000.00	$500.00

Title III services are available to people age 60 and over, but are targeted to those with the greatest economic and social need. States will target funds to families in the greatest social and/or economic need, and are allowed to implement cost sharing policies based on a sliding fee scale. **This will determine the amount of cost sharing expected of the recipients based on income.** Individuals who have an income at or below $1,275.00 per month or $15,300.00 gross annual income may not be asked to cost share; however they may be provided an opportunity to voluntarily contribute to the cost of the service. Participants are encouraged to make voluntary contributions for services they receive, but must not be denied services due to failure to make voluntart contributions or cost-sharing paments.

Contributions Can Be Mailed to:
ATRC
ATTN: Alabama Cares Program
107 Broad Street
Camden, AL 36726

For Questions or Concerns Contact:
Jennifer Dailey
Alabama CARES Coordinator
(334) 682-5206 or (888) 617-0500

ALABAMA-TOMBIGBEE REGIONAL COMMISSION

Area Agency on Aging

DISASTER READINESS

AND

RESOURCE DEPLOYMENT PLAN

Last revised and updated

April 2025

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Appendix

Trio Foods Emergency Contact Numbers

ADSS/AAA Nutrition Coordinators Contacts

Senior Centers by County

Emergency Contacts by County

County Disaster Coordinators

Emergency Management Agencies

Departments of Human Resources

Area County Health Departments

Newspapers

Radio Stations

Red Cross Agencies

Salvation Army Units

Sheriff Departments

ALABAMA-TOMBIGBEE REGIONAL COMMISSION

AREA AGENCY ON AGING

DISASTER READINESS AND RESOURCE DEPLOYMENT PLAN

Background

The Alabama-Tombigbee Regional Commission (ATRC) Area Agency on Aging (AAA) serves as a gateway for a variety of services for senior citizens and disabled individuals in ten counties: Choctaw, Clarke, Conecuh, Dallas, Marengo, Monroe, Perry, Sumter, Washington, and Wilcox. The AAA performs important activities for older Americans aged 60 and above and disabled individuals of any age. These activities include advocating for older people within our service area, identifying the needs of the elderly and creating plans for meeting those needs. We administer programs funded by federal, state, local and private funds.

In the event of a major disaster, the AAA will notify the Alabama Department of Senior Services disaster staff person of our intentions to respond. We will request assistance and guidance from area Emergency Management Agencies (EMA), Departments of Public Health (DPH), and Departments of Human Resources (DHR) as needed.

Plan Rationale

The Alabama Emergency Operations Plan authorizes the Alabama Department of Senior Services to act in a **support role** during a State/local response to a disaster or emergency situation. The Area Agency on Aging assists as necessary in the following efforts.

(1) To add the considerable resources of local aging programs to those services traditionally being utilized for short- and long-term restoration and rehabilitation of disaster victims, regardless of age.

(2) To be a visible advocate for elderly disaster victims who are often traumatized more deeply by disaster. The AAA can acquire information from the community and advise the lead agency about emergency needs of the elderly.

Primary Resources and Services

- Staff and Volunteers – ATRC has a staff of paid personnel and volunteers experienced in working with older persons and in dealing with complicated administrative procedures.

- Meals - Hot, Picnic, Frozen or Shelf Stable meals can be distributed in a variety of settings.

- Transportation - Each county has a varying number of cars and vans manned by paid personnel, in addition to transportation services provided through the Federal section 5311 rural areas program.

- Information, Referral and Assistance-i.e.: locating housing/shelter, staffing support at local Disaster Recovery Centers, assisting with filling out applications, connecting evacuees with public and private resources.

- Legal Assistance – Access to legal assistance is provided through the contracted legal staff.

Disaster Response and Recovery

The AAA damage assessment will be coordinated with EMA, DHR, DPHS and FEMA. Upon direction from the lead agency, the AAA will coordinate needed personnel and resources to facilitate damage assessment of the elderly, including the homebound population. The AAA will strive to identify the elderly with special needs. Nutrition Services staff will work with Senior Center Managers to identify high risk clients in both congregate and home-delivered meals programs. Center Managers are trained to keep emergency lists on hand for clients who may need extra assistance. Medicaid Waiver Case Managers will identify clients who are at high risk due to loss of power, water, lack of family support or with advanced medical needs. Individual disaster plans are included in client care plans for those receiving case management services.

The AAA Director will be responsible for providing disaster information to the Alabama Department of Senior Services. The AAA staff will implement and maintain a continuous system of situation analysis and provide that information to the Director to submit to the Alabama Department of Senior Services

In a disaster situation, the AAA will participate in training and debriefing sessions conducted by the EMA, the Red Cross, and FEMA. The AAA Director or his/her designee will attend debriefing sessions, once a declaration has been made.

AAA staff will be available to Disaster Recovery Centers organized under the direction of EMAs. Following the disaster, the EMA offices will contact the AAA Disaster Coordinator or AAA Director concerning the needs and resources necessary. Assigned AAA personnel will be responsible for assisting elderly victims, to help avoid long lines and ensure understanding of forms and processes. Staff capabilities include outreach, assisting the elderly to reach disaster centers and activities such as completion of forms, performing intakes, serving meals, driving vehicles, and other administrative duties. The AAA will follow up on cases to be assured that each older victim receives the assistance they need. The AAA will assist older victims who may fall prey to fraudulent situations by repair contractors and/or other service providers

Meals

Presently hot meals (congregate and home delivered) are served daily in the ten-county region at senior nutrition centers. Meals are prepared under a statewide food vendor contract between the Alabama Department of Senior Services (ADSS) and TRIO Foods; with kitchens located in Orrville and Saraland, Alabama. Each meal contains at least one-third of the current daily-recommended dietary intake (RDI).

Based on availability of funding, ADSS may secure disaster relief funds for meals for disaster victims for a temporary period. Meals can be served to victims and rescue workers anywhere within a 150-mile radius of the preparation sites (Orville and Saraland).

If food service takes place at locations of disaster where electricity is not available, the meals must be served immediately after they are removed from the trucks, or sites without electricity can also be provided cold or shelf stable meals by TRIO Foods, if available. The meals can be served at current sites, at disaster centers and shelters designated by EMA. Home delivered meals can be arranged on a limited basis, depending on the feasibility of delivery. The various nutrition center councils should recruit teams of volunteers to serve meals and remove empty containers, equipment, etc.

Transportation

Currently, ATRC Aging refers clients to transportation providers which cover each county. ATRC Transportation program serves Clarke, Conecuh, Monroe and Wilcox counties. West Alabama Public Transportation covers Sumter, Marengo, Perry, Dallas and Choctaw counties. Washington County has its own transportation program. The ATRC Disaster Relief Coordinator can provide information concerning transportation services. Requests from ALDOT, other agencies, or private individuals will be referred to the appropriate Transportation Contractor.

Additionally, ATRC has a fleet of trucks and cars which are used by Agency employees to provide support or technical assistance to existing Aging programs.

Legal Assistance

Questions about insurance claims, price gouging, consumer transactions, resolution of complaints, and eligibility for disaster benefits often arise in disaster situations. Any calls for legal assistance will be referred to Legal Services Alabama. Legal counsel may also operate in the On-Site Disaster Recovery Center if it is established.

Case Management

Currently the ATRC Area Agency on Aging provides Medicaid Waiver/Case Management services to 1000+ homebound individuals in the ten-county region, with over 40 full-time case managers employed by ATRC. Each case manager has access to telephone numbers, addresses, and emergency contact numbers for their clients. In the event of an emergency, case managers will assess their clients' needs and make recommendations to the ATRC Disaster Relief Coordinator for efficient provision of services.

Long Term Care Ombudsmen

ATRC currently has 2 full time Ombudsmen and 22 long-term care facilities in the region. These facilities are regularly visited by the community long-term care Ombudsmen, establishing knowledge of the facilities, administration, and the needs and rights of the residents. The Ombudsmen maintain the telephone numbers of all the long-term care facilities in the region at home and at work. During the recovery period, efforts will be made by the Community Ombudsmen to assist the long-term care facilities as deemed appropriate.

Plan for Resource Deployment

1. After being contacted by EMA or DHR following a disaster, the AAA Disaster Coordinator will contact the AAA Director or his/her alternate, for approval to deploy resources.

2. Area EMA, DHR, or other authorized agencies may request the provision of meals. The AAA Disaster Coordinator will contact the AAA Director and the Alabama Department of Senior Services to request deployment of meals. Upon approval of request, the AAA Disaster Coordinator will order meals through the Meals Accounting and Reporting System (MARS) or alternate procedure.

3. Transportation services will be made available through the Federal section 5311 rural areas program providers that are under contract with the AAA for the provision of transportation services.

Post Disaster Procedures

The AAA will review reports, survey results, and actions taken during the disaster period to assess the adequacy and quality of services delivered.

The AAA will receive and investigate complaints made by older people affected by a disaster pertaining to an alleged unfair or illegal business practice. The AAA will refer appropriate complaints to the Consumer Protection Agency in the State Attorney General's Office. The AAA will investigate and resolve complaints made by or on behalf of elderly people, particularly the homebound to be assured of their return to normalcy.

The AAA will complete an accurate account of emergency expenditures and obligations, including personnel, meals, and transportation costs in case funds are eligible for reimbursement as outlined by FEMA or EMA. The AAA will identify by category those expenditures already committed and the additional expenditures necessary to assist in the restoration of elderly persons' homes, especially the homes of the homebound.

ATRC AAA Pandemic Plan

In February 2020, the COVID-19 pandemic changed the entire world, altering the way we worked and served the over 60 population. The Aging network was able to continue serving seniors and disabled individuals while taking measures to mitigate the risk of infection spreading among our staff and those we serve.

In the event of another pandemic, the ATRC AAA will work with ADSS, local County Health Departments and the Alabama Department of Public Health regarding planning and surveillance. The ATRC AAA can assist in communicating with area seniors through mail outs, handouts, news media, social media and senior centers to help seniors prepare. Seniors can be educated about the need to stock up on food and other necessities, improve their health through vaccination and other measures, and plan for how they will care for themselves and family during a pandemic.

The ATRC AAA will take directions from ADSS and the Office of the Governor of Alabama and will also monitor information from other agencies' websites (CDC, WHO, State Public Health, etc.) for guidance. The Administration for Community Living will provide guidance related to services for older adults and individuals with disabilities. The Alabama Department of Public Health will provide guidelines for risk mitigation for staff, clients and the public. The ATRC AAA will provide staff training regarding the pandemic, and basic infection control practices (hand hygiene, cough etiquette, etc.)

As advised by State or County Public Health officials, the ATRC AAA may consider restricting movement of staff to minimize social contacts. The ATRC AAA has in place temporary remote workforce agreements in case staff need to work remotely. All staff have the capability to utilize laptops or tablets and web-based applications to continue their work obligations from remote locations.

Alabama Tombigbee Regional Commission
Weather Emergency Procedure

Purpose

- To outline steps for agency staff/visitors/center managers to take in the case of an actual Weather Emergency.
- To provide instructions to shelter-in-place or evacuation of building.

Procedure

The Executive Director, AAA Director and/or Disaster Coordinator will make the decision to shelter in-place or evacuate.

1. Disaster Coordinator will use Agency Call Tree List to locate staff outside of the building and alert them to the situation and procedure.
2. If the decision is to shelter in-place, an intercom announcement should be made to direct the staff/visitors to shelter-in-place as follows:
    a. Broad Street Office staff should proceed to the basement. Do not use the elevator.
    b. Camden Bypass Office staff should proceed to the Center Hallway and the Elderly and Disabled Waiver office located across from restrooms.
3. When sheltering-in-place, agency staff will be responsible for bringing the first aid kit.
4. Once in the designated safe area, agency staff roll call will be used to account for all staff/visitors.
5. The Nutrition Team (Coordinator and support agency staff) will check with all Center managers to determine if they have accounted for all center participants and homebound clients.
6. Once in the safe area, first aid will be administered to those in need.
7. Emergency responders will be called if needed.

After the emergency is over and it is safe, a damage/injury assessment will be completed. The building will be checked for damage and injured people will be treated.

After the weather emergency is over and it is safe, the emergency plan will be evaluated to see if revisions are needed.

TRIO CONTACTS

Central Kitchen	Contact	Office Number	Cell Number	Other Contact
TRIO Leadership and Support	**Bill Sallustro** *State Director*	334-603-1756	631-252-8122	E-mail: bill.sallustro@triocommunitymeals.com
	Craig Kerbs *Resource Manager*	801-450-1257	801-450-1257	E-mail: craig.kerbs@triocommunitymeals.com
	Joe Vance *Resource Manager*	256-457-2865	256-457-2865	E-mail: joseph.vance@triocommunitymeals.com
	Trixie Heath *Support Manager*	256-668-6065		E-mail: trixie.heath@traditionsi.com
	Adam Tyler *Reg Dir. of Operations*	601-383-8554	601-383-8554	E-mail: adam.tyler@triocommunitymeals.com
	Tameka Butler *Software Support*	601-203-9470		E-mail: tameika.butler@triocommunitymeals.com
	Mandy Patrick *Menu Systems Admin*	205.292.3856	205.292.3856	E-mail: mandy.patrick@triocommunitymeals.com
	Blair Mize *Traditions Dietitian*	601-420-8823		E-mail: blair.mize@traditionsi.com
Birmingham Kitchen A6775	**Cassandra Coats** (FSD)	205-624-0739	205-276-6072	E-mail: a6775@triocommunitymeals.com
	Laticia Wilson (AFSD)		205-442-5373	E-mail: a6775@triocommunitymeals.com
	Marsha Green (Admin)			E-mail: a6775@triocommunitymeals.com
Dothan Kitchen A6757	**Joshua Sorrells** (FSD)	205-624-7089	334-435-0404	E-mail: a6757@triocommunitymeals.com
	Danielle South (AFSD)		317-654-5850	E-mail: a6757@triocommunitymeals.com
	Jennifer Bitting			E-mail: a6757@triocommunitymeals.com

	(Admin)			
Guntersville Kitchen A6765	**Rod Debardelaben (FSD)**	205-624-0304	334-538-4218	E-mail: a6765@triocommunitymeals.com
	Tracy Gattis (AFSD)		256-490-3496	E-mail: a6765@triocommunitymeals.com
	Deloris Tyler (Admin)			E-mail: a6765@triocommunitymeals.com
	Kisha Epps (Admin)			E-mail: a6765@triocommunitymeals.com
Montgomery Kitchen A6730	Ainsworth Spence **(FSD)**	334-832-9381	334-669-6829	E-mail: a6730@triocommunitymeals.com E-mail: Ainsworth.spence@triocommunitymeals.com
	Lemuel Lovejoy (AFSD)		334-202-9236	E-mail: a6730@triocommunitymeals.com
	Sheena Smith (Admin)			E-mail: a6730@triocommunitymeals.com
Orrville Kitchen A6785	**Sharkela Sheffield (FSD / Admin)**	205-624-5924	334-412-0731	E-mail: a6785@triocommunitymeals.com
	Alberta Ervin (Supervisor)			E-mail: a6785@triocommunitymeals.com
Satsuma Kitchen A6755	**Jammie Kemp (FSD)**	205-624-7205	251-508-8962	E-mail: a6755@triocommunitymeals.com
	Michael Windham (AFSD)		251-455-6103	E-mail: a6755@triocommunitymeals.com
	Felicia Mills (Admin)			E-mail: a6755@triocommunitymeals.com
Speake Kitchen A6700	**Sherri Fuqua (FSD)**	256-331-1717	256-565-5825	E-mail: a6700@triocommunitymeals.com E-mail:
	Beverly (Faye) Little (AFSD)		256-417-2570	E-mail: a6700@triocommunitymeals.com E-mail:
	Tatum Sharp (Admin)			E-mail: a6700@triocommunitymeals.com E-mail:

AAA NUTRITION COORDINATORS CONTACT INFORMATION

Revised 3-04-25

AGENCY	CONTACT	OFFICE NUMBER	HOME NUMBER	CELL PHONE
ADSS	Brittani Harris Brittani.Harris@adss.alabama.gov	(334) 353-8320		(334) 328-4123
	Andrea Carter Andrea.Carter@adss.alabama.gov	(334) 242-5788		(334) 850-2326
	Keyanna Kinloch Keyanna.Kinloch@adss.alabama.gov	(334) 242-5757	(334) 227-8350	(334) 328-7752 (work) (334) 531-3068 (personal)
ATRC	Jona Burklow Jona.Burklow@atrc.net	(334) 682-6222 (direct) (334) 682-5206 (office) (888) 617-0500	(850) 261-3154	(850) 261-3154
CAAC	Melissa Stellhorn Melissa.Stellhorn@caac-al.org	(334) 240-4680		
EARPDC	Amanda Vingers Amanda.Vingers@earpdc.org	(256) 237-6741 ext. 144		(256) 239-0984 (personal)
	Jennifer Carlisle jennifer.carlisle@earpdc.org			
United Way	Ellen Stephens Ellen.Stephens@uwaaa.org	(205) 458-8960		(205) 821-0496
LRCOG	Lou Ella Foxx Lfoxx@lrcog.com	(334) 749-5264 ext. 209	(334) 887-8715	(334) 748-0453 (work) (334) 728-4441 (personal)

	Ayanna Thomas athomas@lrcog.com	(334) 528-9233		
M4A	Breana Mahaffey bthomas@m4a.org	(205) 670-5770 ext. 209	(205) 378-4149 (direct)	(205) 962-4974
	Dee Church dchurch@m4a.org	(205) 670-5770 ext 233		
NARCOG	Ronette Gravitt rgravitt@narcog.org	(256) 355-4515 ext. 250	(256) 318-7283	(256) 318-7283
NACOLG	Anna McKinnon amckinnon@nacolg.org	(256) 389-0534		(256) 627-8862 (personal)
	Jamie Young jyoung@nacolg.org	(256) 389-0532		
SARPC	Ivy Walker iwalker@sarpc.og	(251)445-3826		(251) 509-1690
SCADC	**Lexie Strong** lstrong@scadc.net	(334) 244-6903 ext. 155		(334) 430-0911
SARCOA	**Hayden Byrd McCall** Hayden.Byrd@sarcoa.org	(334) 793-6843		(334)726-8250
	Judy Guiler Judy.Guiler@sarcoa.org			

TARCOG	Emmitt Davis Emmitt.Davis@tarcog.us	(256) 830-0818 (AAA) (256) 716-2456 (direct)		(256) 682-1927
	Myka Muamba Myka.Muamba@tarcog.us	(256) 716-2667		(256) 696-8174
WARC	Nikki Poe nikki.poe@westal.org	(205) 333-2990 ext. 203		(205) 394-5028
	Evet Hayes Evet.Hayes@westal.org	(205) 333-2990		

SENIOR NUTRITION SITE
EMERGENCY CALL PLAN
2025

Jona Burklow (Disaster Coordinator) will notify Delia Brand (AAA Director).

Delia Brand will notify the Alabama Department of Senior Services - (334) 242-5743

Jona Burklow **Home/Cell**: 850-261-3154 **Work:** 334-682-5206

Delia Brand **Home:** 334-682-4575 Cell: 334-412-1424 **Work:** 334-412-1424

The following persons will assess the status of their clients, staff and volunteers pre- and post-emergency to determine if there are any needs and will assess the senior center and surrounding area for damages. Any damage or immediate needs will be reported to Jona Burklow.

CHOCTAW COUNTY

Butler – Sherman Faile	Home: 205-459-2820
	Work: 205-459-4442
Gilbertown – Ester Louise Mazingo	Home: 205-474-1233
	Work: 251-843-2885
Lisman – Breianna McDonald	Home: 251-242-7910
	Work: 205-398-3842

CLARKE COUNTY

Coffeeville – Betty Autry	Home: 251-513-0208
	Work: 251-276-3411
Grove Hill – Sherrie Hicks	Home: 251-360-9989
	Work: 251-275-4256
Jackson – Cindy Howell	Home: 251-320-9990
	Work: 251-247-1300

Thomasville – Terri Lyles	Home: 334-636-2550 Work: 334-636-9007

CONECUH COUNTY

Evergreen – Sophia Hammond	Home: 251-230-0226 Work: 251-578-7218
Lenox – Charlotte Burch/Tina Burch	Home: 251-362-0672 Cell: 251-362-6220

DALLAS COUNTY

Selma Senior Center- Patricia Ivy	Home: 202-509-5352 Work: 334-526-2446

MARENGO COUNTY

West Alabama - Theresa Carey	Home: 404-408-0449 Work: 334-289-5789
Linden – Sandra "Gail" Miller	Home: 334-357-9504 Work: 334-295-4263
Dixon Mills – Rosie Moore	Home: 334-830-8802 Work: 334-992-2724

MONROE COUNTY

Frisco City – Margaree Carter	Home: 251-593-8438
	Work: 251-267-2660
Monroeville – Becky Greene	Home: 251-282-0980
	Work: 251-575-1441
Vredenburgh - Florence Dortch	Home: 334-337-4415
	Work: 334-337-4579

PERRY COUNTY

Uniontown – Barbara Coleman	Home: 334-489-8163
	Work: 334-628-3701
Marion – Lawanda Evans	Home: 205-723-3527
	Work: 334-683-6818

SUMTER COUNTY

Livingston – Barbara Roberts	Home: 205-499-0892
	Work: 205-575-4008
Gainesville – Earlene Payne	Home: 205-609-8047
	Work: 205-652-7551

WASHINGTON COUNTY

Chatom – Frances Trimnal	Home: 251-242-8218
	Work: 251-847-6386
St. Stephens - Deanna Moseley	Home: 251-387-8333
	Work: 251-744-5051
Wagarville – Wright Brown; Nikki Davis	Cell: 251-895-1110
	Cell: 850-481-9713

WILCOX COUNTY

Boykin (Gee's Bend) - Mary Pettway	Home: 334-419-4707
	Work: 334-573-2606
Camden – Michelle Blue	Home: 334-455-1480
	Work: 334-682-9903
Pine Apple – Carolyn Dale	Home: 334-267-2356
	Work: 251-746-2166

DEPARTMENT OF HUMAN RESOURCES

CHOCTAW COUNTY

P. O. Box 687
1003 S. Mulberry Ave.
Butler AL 36904-0678
Phone: 205-459-9701
FAX: 205-459-2452
Director: Arcretia Black

CLARKE COUNTY

22609 Hwy. 84 East
Grove Hill AL 36451
Phone: 251-275-7001
FAX: 251-275-2069
Director: Latorie Horn

CONECUH COUNTY

856 Liberty Hill Dr.
Evergreen AL 36401
Phone: 251-578-3900
FAX: 251-578-5582
Director: Laura Berry

DALLAS COUNTY

P. O. Box 1210
200 Samuel O. Moseley Drive
Selma AL 36702
Phone: 334-876-4100
FAX: 334-876-4276
Director: Andrea Dudley

MARENGO COUNTY

P. O. Box 480909
701 Shiloh Street
Linden AL 36748
Phone: 334-295-2002
FAX: 334-295-2002
Director: Dawn Hewitt

Department of Human Resources cont'd

MONROE COUNTY

P. O. Box 1668
25 Legion Drive
Monroeville AL 36461
Phone: 251-743-5900
FAX: 251-575-4667
Interim Director: Jan Agee

PERRY COUNTY

P. O. Box 509
9851 Hwy. 5 South
Marion AL 36756
Phone: 334-683-5500
FAX: 334-683-9799
Interim Director: Eulonda R. Russell

SUMTER COUNTY

P. O. Box 310
108 West Main Street
Livingston, AL 35470
Phone: 205-652-5000
FAX: 205-652-4407
Director: Wilson Morgan

WASHINGTON COUNTY

P. O. Box 600
14921 St. Stephens Avenue
Chatom AL 36518
Phone: 251-847-6100
FAX: 251-847-3554
Director: Ashley Carlock

WILCOX COUNTY

P. O. Box 430
231 Depot St.
Camden AL 36726
Phone: 334-682-1200
Fax: 334-682-9021
Director: Carol Dixon

ATRC AAA

AREA COUNTY HEALTH DEPARTMENTS

CHOCTAW COUNTY

1001 S. Mulberry Avenue
Butler AL 36904
Phone: 205-459-4026
FAX: 205-459-4027

CLARKE COUNTY

22600 Highway 84 East
Grove Hill AL 36451
Phone: 251-275-3772
FAX: 251-275-8066

CONECUH COUNTY

102 Wild Avenue
Evergreen AL 36401
Phone: 251-578-1952
FAX: 251-578-5566

DALLAS COUNTY

100 Sam O. Moseley Drive
Selma AL 36701
Phone: 334-874-2550
FAX: 334-875-7960

MARENGO COUNTY

303 Industrial Drive
Linden AL 36748
Phone: 334-295-4205
FAX: 334-295-0124

MONROE COUNTY

416 Agriculture Drive
Monroeville, AL 36460
Phone: 251-575-3108
FAX: 251-575-7935

PERRY COUNTY

1748 S Washington St
Marion AL 36756
Phone: 334-683-6153
FAX: 334-683-4509

SUMTER COUNTY

1121 N. Washington Street
Livingston AL 35470
Phone: 205-652-7972
FAX: 334-652-4331

Area County Health Departments – (Cont'd)

WASHINGTON COUNTY

14900 St. Stephens Avenue
Chatom AL 36518
Phone: 251-847-2245
FAX: 251-847-3480

WILCOX COUNTY

107 Union St
Camden AL 36726
Phone: 334-682-4515
FAX: 334-682-4796

Newspapers in the ATRC Region 2017					
County	**Paper**	**Address**	**Phone / Fax / Email**	**Deadline**	**Circulation**
Choctaw	Choctaw Advocate Combined w/ The Choctaw Sun	P.O. Box 269 Gilbertown, AL 36908	Ph - 251-843-6397 FAX - 251-843-3233 choctawsun@millry.net typesetter@choctawsun.com	Noon Monday	4100
Clarke	Clarke Co. Democrat	P.O. Box 39 Grove Hill, AL 36451	Ph - 251-275-3375 FAX - 251-275-3060 clarkecountydem@tds.net ATTN: Barry or Jim	Noon Tuesday	5020
	The South Alabamian 1064 Coffeeville Road	P.O. Box 68 Jackson, AL 36545	Ph - 251-246-4494 FAX - 251-246-7486 ads@thesouthalabamian.com news@thesouthalabamian.com		4400
	The Thomasville Times 24 West Front Street	P.O. Box 367 Thomasville, AL 36784	Ph - 334-636-2214 FAX - 334-636-9822 anne@thethomasvilletimes.com typesetting@thethomasvilletimes.net		3602
Conecuh	The Evergreen Courant		Ph - 334-578-1492 FAX - 251-578-1496 evergreencourant@earthlink.net	Noon Tuesday	3465
Dallas	The Selma Times-Journal	1018 Water Ave Selma, AL 36702	Ph - 334-875-2110 FAX - 334-875-5896 news@selmatimesjournal.com		7474
Marengo	The Democrat Reporter		Ph - 334-295-5224 FAX - 334-295-5563 the democrat reporter (dreporter2@yahoo.com)	Noon Tuesday	3160

	Demopolis Times	315 E Jefferson St Demopolis, AL 36732	Ph - 334-289-4017 FAX - 334-289-4019 news@demopolistimes.com bernice.mcalpine@demopolistimes.com		2641
Monroe	The Monroe Journal	P.O. Box 826 Monroeville, AL 36461	Ph - 251-575-3282 FAX - 251-575-3284 news@monroejournal.com	5 pm Tuesday	7060
Perry	Marion Times Standard	414 Washington St Marion, AL 36756	Ph - 334-683-6318 FAX - 334-683-4616 lorrie@centrevillepress.com	5 pm Monday	1820
	Perry Herald		Ph - FAX - perryherald@bellsouth.net		
Sumpter	Sumter Co. Record Journal	P. O. Box B Livingston, AL 35470	Ph - 205-652-6100 FAX- 205-652-4466 scrjmedia@yahoo.com	5 pm Monday	3447
Washington	Washington County News		Ph - 251-847-2599 FAX - 251-847-3847 wcnews@millry.net editor@thecallnews.com	Noon Monday	3932
Wilcox	Progressive Era	16 Water St. Camden, AL 36726	Ph - 334-682-4422 FAX - 334-682-5163 progressiveera@mchsi.com	4 pm Monday	3247

ATRC AAA

Area Radio Stations

CHOCTAW COUNTY	KLOVE Butler, AL
CLARKE COUNTY	WBMH/WHNB/WRJX P O Bx 518 Jackson AL 36545 Phone: 251-246-4451 FAX: 251-246-1980
CONECUH COUNTY	WPGG 866 W Front St Evergreen AL 36401 Phone: 251-578-4511 FAX: 251-578-727-8921

Area Radio Stations – (Cont'd)

DALLAS COUNTY

WALX/WJAM & Country
273 Persimmon Tree Road
Selma Al 36701
Phone: 334-875-9360
Fax: 334-875-1340
walx@charterinternet.net

WHBB
505 Lauderdale Street
Selma Al 36701
Phone: 334-875-3350
Fax: 334-874-6959

MARENGO COUNTY

WXAL/WINL/WZNJ
1226 Jefferson Rd
Demopolis, AL 36732
Phone: 334-289-1400
FAX: 334-289-9811
Valerie@mywin98.com

Area Radio Stations – (Cont'd)

MONROE COUNTY	WMFC 961 Pineville Rd Monroeville, AL 36460 Phone: 251-575-4061 FAX: 251-575-3280 wmfc@frontiernet.net
PERRY COUNTY	WVFG P O Bx 508 Uniontown AL 36786 Phone: 334-628-2888 FAX: 334-628-6800 Coolmann16@hotmail.ocm
SUMTER COUNTY	WYLS Route 1, Box 400-B York, AL 36925 Phone: 205-392-5234 FAX: 205-392-5536
WASHINGTON COUNTY	None

Area Radio Stations – (Cont'd)

WILCOX COUNTY

WYVC

P. O. Box 820
Camden, AL 36726

Phone: 334-682-9002

RED CROSS CHAPTERS

CHOCTAW COUNTY

American Red Cross
Alabama Gulf Coast Chapter
35 N Sage Ave
Mobile AL 36607
251-544-6100

CLARKE COUNTY

American Red Cross
Alabama Gulf Coast Chapter
35 N Sage Ave
Mobile AL 36607
251-544-6100

CONECUH COUNTY

American Red Cross
Alabama Gulf Coast Chapter
35 N Sage Ave
Mobile AL 36607
251-544-6100

DALLAS COUNTY

Central-East Alabama Chapter
5015 Woods Crossing
Montgomery, AL 36106
334-260-3980

MARENGO COUNTY

Central-East Alabama Chapter
5015 Woods Crossing
Montgomery, AL 36106
334-260-3980

MONROE COUNTY

American Red Cross

Alabama Gulf Coast Chapter

35 N Sage Ave

Mobile AL 36607

251-544-6100

PERRY COUNTY

Central – West Alabama Chapter
2130 Paul W. Bryant Drive
Tuscaloosa, AL 35401
205-847-2491

SUMTER COUNTY

Central – West Alabama Chapter
2130 Paul W. Bryant Drive
Tuscaloosa, AL 35401
205-847-2491

RED CROSS CHAPTERS (CONT'D)

WASHINGTON COUNTY

South Alabama Chapter
35 N Sage Ave
Mobile, AL 36602
251-544-6100

WILCOX COUNTY

Central East Alabama Chapter
5015 Woods Crossing
Montgomery, AL 36106
334-260-3980

ATRC Aging
AREA SALVATION ARMY UNITS

CHOCTAW COUNTY	2104 Franklin Street Selma AL 36701 Contact: M. Steve Welch Phone: 334.872.1646
CLARKE COUNTY	122 Wilson Avenue W Thomasville AL 36784 Contact: Marty Lynn Phone: 334.636.9840
CONECUH COUNTY	109 Northside Office Park Andalusia AL 36420 Contact: Laura Snell Phone: 334.222.0112
DALLAS COUNTY	2104 Franklin Street Selma AL 36701 Contact: M. Steve Welch Phone: 334.872.1646
MARENGO COUNTY	2104 Franklin Street Selma AL 36701 Contact: M. Steve Welch Phone: 334.872.1646
MONROE COUNTY	122 Wilson Avenue W Thomasville AL 36784 Contact: Marty Lynn Phone: 334.636.9840

AREA SALVATION ARMY UNITS – Cont'd

SUMTER COUNTY

120 6th Avenue
Meridian MS 39301
Contact: M. Donald Wildish
Phone: 601.286.3016

WASHINGTON COUNTY

122 Wilson Avenue W
Thomasville AL 36784
Contact: Marty Lynn
Phone: 334.636.9840

WILCOX COUNTY

122 Wilson Avenue W
Thomasville AL 36784
Contact: Marty Lynn
Phone: 334.636.9840

ATRC AAA
Sheriff Departments

Choctaw	(205) 459-2166
Clarke	(251) 275-4254
Conecuh	(251) 578-1260
Dallas	(334) 874-2530 or 24 hr. Dispatch (334-874-2578)
Marengo	(334) 295-4208
Monroe	(251) 575-2963
Perry	(334) 683-6534
Sumter	(205) 652-7984
Washington	(251) 847-2202
Wilcox	(334) 682-9115/5568