

Dining Center Closure or Days of Service Change

Request for Approval of Closing or Days of Service Change for Dining Centers

Dane County Area Agency on Aging Unit

This form must be submitted to your local Area Agency on Aging 60 days prior to the anticipated date of change/closing.

Please answer the following questions for each congregate/home delivered nutrition program site in operation, which the aging unit anticipates changing through relocation, closing, reduction or increase in serving days.

1. Name of Site: West Madison Senior Center, 602 Sawyer Terrace

2. Community: West Madison

3. What is the expected change (i.e. relocation, closing, change in serving days, etc.)
Be specific please.

Relocate our Wednesday meal from West Madison Senior Center to an already established site at the Meadowood Neighborhood Center (Tuesdays and Thursdays), 5740 Raymond Rd

4. What is the expected date this change will take place? Wednesday, September 20, 2017

5. What are the reasons for the change? (Be specific)

- Lack of parking for seniors
- Terminating our lease with Segoe Terrace Apartments
- Bed bugs in the apartments since Fall 2016

6. Did participants at the site participate in the decision? (Be specific)

It was a Board decision since we are terminating our lease with Segoe Terrace Apartments. We offered the apartment to continue to host the site, but they declined.

7. If there is anyone at nutritional risk, are home-delivered meals arranged or some other arrangement to meet their nutritional needs? (Specify please)

Seniors can come to the meal at the Meadowood Neighborhood Center.

8. With this change, how will the program assist current participants in getting to another site or in meeting their nutritional and social needs?

Seniors can come to the meal at the Meadowood Neighborhood Center through transit solutions. Many of the participants already come to that site Tuesdays and Thursdays. It's a beautiful room with a library and neighborhood center attached. We have plans to start additional programming around the nutrition site as well as intergenerational programming.

9. If there is a nutrition advisory council or nutrition committee, did they participate in the decision? (Be specific and attach minutes if available).

No. But I've attached minutes from the Board meeting.

10. Will this change result in decreased accessibility to the meal site by members of targeted population groups?

The Meadowood Neighborhood Center site should help us increase our diversity. It will be beneficial to be in the same space Tuesday-Thursday and should help to grow our numbers.

11. What effect will this change have on current programs/activities being held at the site?

We will no longer have programs at the West Madison Senior Center. We have started to plan for programs for the Meadowood Neighborhood Center.

12. What efforts are being made to maintain the congregate sites? We currently do outreach to

increase our numbers to keep our congregate sites open and we will be planning a mix of educations, social, intergenerational and entertaining programs to increase our participants.

13. What is the cost effect of this change? (+ or —) List items (i.e. rent, salary, volunteer mileage.)

No change.

Federal: _____ State: _____ Local: _____ Total

14. Did the Commission formally approve these changes or closing(s)?

(Attach minutes) _____

SIGNED: _____ Date: _____

(County/Tribal Aging Unit Director)

TO BE COMPLETED BY THE AREA AGENCY ON AGING

Approved: _____

Disapproved: _____

Comments:

Signed: _____ Date: _____

Title: _____