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# Senior Tidings

Crawford County Council on Aging, Inc.

September 2009

## Council on Aging....notes

**Grandparents Day—**  
September 13, 2009.



In 1978, President Jimmy Carter signed the first presidential proclamation creating September 13th as *Grandparents Day*. The day is considered to be the idea of Marian McQuade who hoped the observance would persuade grandchildren to learn more about the wisdom and heritage of their grandparents. Children often honor their grandparents by inviting them to school for a day of special events such as story-telling activities. The day offers everyone the opportunity to express their appreciation for all the love and support they have received over the years. The commemorative flower of Grandparents day is Forget-me-not.

**SAVE A TRIP-  
Social Security Services**

### Online services:

- Apply for retirement benefits
- Apply for disability benefits
- Change address/phone number
- Replace Medicare cards
- Apply for Medicare extra help
- Verify Social Security numbers for employers
- Direct Deposit

### Automated telephone services:

- Change address/phone number
- Replace Medicare cards
- Direct Deposit
- Proof of Income

**1-800-772-1213/www.socialsecurity.gov**

## Health & Nutrition....



### **Concerned About Coffee?**

*It May Actually Be Good For You*

Because it tastes so good, you may assume coffee is bad for you. Maybe you've heard rumors that your morning brew causes everything from heart disease to cancer. But researchers are finding that coffee

poses little to no health risk for most people. Not only that, coffee drinking might have some health benefits.

Early research hinted that coffee might have some harmful effects, but most of those studies searched for links between people's habits and their overall health. In such studies,



it's hard to know which effects come from coffee and which just show up by coincidence. Heavy coffee drinking sometimes goes hand in hand with unhealthy habits, like smoking and a less active lifestyle.

Coffee beans are seeds and, like all seeds, they're loaded with compounds to protect the plant's next generation. "Coffee is an amazingly potent collection of biologically active compounds," says Dr. Walter C. Willett of the Harvard School of Public Health.

Caffeine is probably the most well-known compound in coffee. It can make you feel more awake and alert, which is why most people drink coffee in the first place, but too much can be harmful. In fact, according to Willett, caffeine causes the most common problem reported by coffee drinkers: trouble sleeping. Caffeine can also blunt your appetite and cause headaches, dizziness, nervousness and irritability.

Caffeine is mildly addictive, so you might get headaches, drowsiness, irritability, nausea and other symptoms if you suddenly cut back. You can avoid these effects though, by gradually reducing your caffeine intake.

Overall, says Dr. Rob M. van Dam of Brigham and Women's Hospital and Harvard Medical School. "Caffeine doesn't seem to have the wide array of detrimental health effects we first thought it had."

At one time, many doctors worried that coffee might cause cancer. That's largely because caffeine damages DNA in the test tube, Willett explains. And DNA damage is linked to cancer. However, that doesn't mean that coffee causes cancer in people. Coffee also has high levels of compounds, called antioxidants, that protect DNA.

"Coffee's been looked at in detail in relation to many cancers, and there's really not been any good evidence that any type of cancer is increased by coffee consumption," Willett says. "I think we can say quite confidently that there's no increased risk

of cancer with coffee consumption."

Some evidence even suggest that coffee may help reduce the risk of liver cancer, Willett says. NIH's National Cancer Institute is now organizing a new effort to put together data from many studies and look into this question, among many others.

Some doctors thought coffee might cause heart attacks or strokes, because caffeine can raise blood pressure. But Reis says that a cup of coffee won't lead to a dramatic increase in blood pressure for regular coffee drinkers. "In long-term studies, higher levels of caffeine have not led to a higher risk of *cardiovascular disease*," he says.

Some types of coffee can cause cardiovascular problems for another reason, however, coffee can contain compounds that lead to a rise in LDL cholesterol. That's the "bad" kind of cholesterol that's been linked to cardiovascular disease.

"A lot depends on the way in which coffee is brewed," Reis explains. "When coffee is brewed with a paper filter, it removes a lot of the components that lead to higher LDL. "So it's a good idea to drink filtered coffee to avoid this problem.

Coffee may even have some positive effects. Some studies have linked coffee intake with a lower risk of developing Parkinson's disease.

"When looking at *Parkinson's disease* patients, they may be up to 4-8 times less likely to have been heavy coffee drinkers," says Dr. Wendy R. Galpern of NIH's National Institute of Neurological Disorders and Stroke. However, she points out, the studies in this area have been limited. "It's hard to know if this is just an association or if this is cause and effect," she says.

Some studies suggest coffee may have other positive effects on the mind. Galpern says that researchers are now looking into the potential effects of caffeine on memory and Alzheimer's disease.

Perhaps the strongest research showing a health benefit from coffee relates to *type 2 diabetes*. In a

2002 study, van Dam's team reported that people drinking 7 or more cups per day had a 50% lower risk of type 2 diabetes than those drinking 2 or less cups. About 20 studies have now looked into the effect in various populations. "The great majority of studies confirm that coffee is associated with a lower risk for type 2 diabetes," van Dam says.

Researchers aren't sure why coffee has this effect, but some compound other than caffeine is responsible. "We did a study of decaffeinated coffee and essentially found the same association as caffeinated coffee," van Dam says.

Another potential benefit from coffee is that it can keep you from drinking less healthy things. "We think that coffee is actually quite a good beverage compared to other beverages," van Dam says. "It can be a reasonable beverage of choice if you don't add a lot of cream and sugar."

Coffee can also help your social life, if you meet good friends to talk over coffee. Studies have clearly shown that people who have more social relationships have less stress and live longer. Research also suggests they're less likely to show mental declines as they age.

So go enjoy that cup of coffee. It's not the guilty pleasure you may have thought.

Source: *NIH New in Health*, National Institutes of Health-Department of Health and Human Services, August 2009.

## Vaccination shots....



According to the U.S. Department of Health and Human Services, adults need vaccination shots just as much as children do. So if you are:

- An adult of any age, you need a tetanus shot once every 10 years;
- Age 50 or older, you should get a flu shot every year;
- Age 60 or older, you may need the Zoster vaccine

to prevent shingles; and

- Age 65 or older, you need the pneumonia vaccine, which is sometimes called PPF.

Medicare Part B covers a tetanus shot if you have been exposed to tetanus; a flu shot once very flu season, and a pneumonia shot once in your lifetime. If you have Medicare Part D drug coverage, your plan should cover the Zoster vaccine (as of 2008, any commercially-available vaccine that is not covered by Part B should be covered by your Medicare prescription drug plan).

The shots that we get as children weaken over time, so these boosters (and others that you may need depending on your health condition), help to make sure that we don't succumb to illnesses that can be life-threatening.

The Centers for Disease Control and Prevention has a handy quiz that you can take to see what vaccination boosters you may need. And you can learn more about specific vaccinations for adults at the [Mayo Clinic online](#). Then, talk to your doctor about getting them and staying healthy.

Source: *Marci's Medicare Answers*, Medicare Rights Center, Volume 8, Issue 31, 2009.

## Medicare Basics....

### Medicare Basics for Caregivers

If you're caring for an older friend or family member, you've probably had questions about Medicare. Medicare is the federal health insurance program for adults 65 and older and people under age 65 with disabilities. Now you can get some answers at an easy-to-read web site called "Medicare Basics for Caregiver." It's part of the [NIHSeniorHealth.gov](#) web site for older adults.

You may already know that Medicare helps pay for medical and prescription drug costs. But it can be challenging to figure out the details of what's covered and what's not.

"Knowing how Medicare works can help a person make better financial decisions about care," says Dr. Marie Bernard, deputy director of NIH's National Institute of Aging. "A caregiver who is knowledgeable about Medicare can be an informed advocate for an older loved one who needs to access the benefits the program provides."

To get a basic overview of Medicare and learn more about its medical and hospital benefits, billing, prescription drug costs, home health care and much more, visit <http://nihseniorhealth.gov/medicare/toc.html>.

Source: *NIH New in Health*, National Institutes of Health-Department of Health and Human Services, June 2009.



### Don't Get Stuck on Hold

Medicare is here to help 24 hours a day, 7 days a week at 1-800-MEDICARE (1-800-633-4227). But before you call, check below regarding *Medicare's new tip sheet* –it explains how to make the most of your call and get the right answers, fast.

If you're calling for a loved one, know that Medicare can't share their personal information unless your loved one gives permission, either in person or by having a completed authorization form on file. You can find the form to print at [www.medicare.gov](http://www.medicare.gov). If you don't have access to a computer, you may contact the Council on Aging for a "*Medicare Authorization to Disclose Personal Health Information*".

Source: *Ask Medicare*, Information to Help You Care for Others., Center for Medicare & Medicaid Services, February 2009.

### Get Your Medicare Questions Answered with 1-800-MEDICARE

Do you have questions about your Medicare coverage? 1-800-MEDICARE (1-800-633-4227) can help!

Read this tip sheet to find out how calling 1-800-MEDICARE can answer your Medicare questions in English or Spanish. TTY users should call 1-877-486-2048.

### What Should I Have Ready When I Call 1-800-MEDICARE

Before you call, have your Medicare number from your red, white, and blue Medicare card available. The automated system will ask for your Medicare number at the beginning of the call. You can either speak (say) your Medicare number or enter it with the telephone keypad. If you use the telephone keypad, enter the numbers and press the \* key for any letter(s).

- If you have someone call for you, the customer service representative can only speak with him or her if you give permission.
- You can either be present on the phone to give permission, or you must fill out a permission form in advance, and mail it to Medicare. You can get a copy of this form by calling the "Medicare Authorization to Disclose Personal Health Information," by visiting [www.medicare.gov](http://www.medicare.gov) or calling 1-800-MEDICARE. (*Remember, the Council on Aging has these forms available*). Fill out this form and mail it to Medicare BCC, Written Authorization Dept., PO Box 1270, Lawrence, KS 66044.

### What Do I Need to Know If I Call 1-800-MEDICARE About a Claim?

1-800-MEDICARE has specialized customer service representatives who are trained to handle certain types of calls. To ensure that you get to the right customer service representative the first time, you should pay close attention to the instructions in the automated system. This is particularly important if you are calling about a Medicare

claim.

You should say “claims” if you are calling about any of the following:

- An issue with a Medicare claim
- Your Medicare Summary Notice (MSN)
- Medical services and supplies you got.
- The automated system will then ask you what type of claim you are calling about. You can say “doctor service,” “hospital stay”, or “medical supplies.” If you have your MSN, the customer service box (in the upper right hand corner of page 1 on your MSN) indicates the type of claim you should request.
- If you are calling about a claim, you should have the following information available when you speak with a customer service representative:
  - Your MSN (if available)
  - The doctor’s or provider’s name
  - The date you got the service
  - The type of service or supply you got
  - Any amount that you already paid

### When Do I Call Someone Else About My Medicare Questions?

1-800-MEDICARE can answer many of your Medicare questions but not all of them.

- If you are enrolled in a *Medicare Advantage Plan* or a *Medicare Prescription Drug Plan* and have questions related to your plan, your enrollment, or the services provided, call the plan. The plan phone number will be on your membership card or other materials they have sent you.
- If you need to enroll in *Medicare Part A and/or Part B* or make changes to your personal information (such as your name, address, or to report a date of death), call *Social Security* at 1-800-772-1213 for help in English or Spanish. TTY

user should call 1-800-325-0778.

- If you get benefits from *the Railroad Retirement Board*, call 1-800-833-4455 with questions about Part B medical services and bills.
- If you have insurance that pays before Medicare (for example, you are working and have insurance through your employer), and you have changes to that insurance, contact the *Coordination of Benefits Contractor* at 1-800-999-1118. TTY users should call 1-800-318-8782. Changes include reporting any of the following:
  - Your other insurance is ending (for example, you stop working)
  - Your new insurance (for example, you start working)
  - Any changes to your insurance
- If you have limited income and get medical assistance from your State Medical Assistance (Medicaid) office, contact them for questions about Medicaid coverage. If you don’t have the phone number for your State Medical Assistance office, you can get it by calling 1-800-MEDICARE and saying “Medicaid” in the automated system or by visiting [www.medicare.gov](http://www.medicare.gov) and selecting “Find Helpful Phone Numbers and Websites.”

Source: *Ask Medicare*, CMS Publication No. 11386, September 2008.

## PDP Extra Help....

### Changes in the Law Could Make More People Eligible for Extra Help in 2010

Beginning January 1, 2010, changes in the law will make it easier for some people to qualify for Extra Help with their Medicare prescription drug plan costs. Under the Medicare Improvements for Patients and Providers Act:

- We will no longer count as a resource any life insurance policy; **and**

- We will no longer count as income the help you receive regularly from someone else to pay your household expenses—food, mortgage, rent, heating fuel or gas, electricity, water, and property taxes.

**Will this change the basic resource and income limits for Extra Help?** No, but it changes what is counted in these limits. To qualify for Extra Help in 2009, your resources still must be limited to \$12,510 for an individual or \$25,010 for a married couple living together. Your annual income still must be limited to \$16,245 for an individual or \$21,855 for a married couple living together. Your income can be a little higher if you support other family members who live with you, have earnings from work, or live in Alaska or Hawaii. These amounts may change in 2010.

**If I currently have life insurance or if someone helps me with my household expenses when should I apply for Extra Help?** First, you must see how the life insurance affects your resources or how the household help affects your income. If your resources would be below the eligibility limit even with life insurance and your income would be below the eligibility limits even with help with household expenses, you should apply for Extra Help now. If your life insurance or help with household expenses would raise your resources or income above the eligibility limits, you should apply for Extra Help, but you should wait until January 1, 2010, to apply.

**Why should I wait to apply for Extra Help in some circumstances?** Medicare Saving Programs help people with limited income and resources pay for their Medicare expenses. If whoever you are helping pays a premium for Medicare Part A, the Medicare Savings Programs may pay it for them. The help they get from the Medicare Savings Programs can save them more than \$1,100 a year.

If you think they might be able to get help from their state with Medicare costs, or if you are not sure, call their state medical assistance (Medicaid) office or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

### **What else should I know about the new law?**

Beginning January 1, 2010, when you apply for Extra Help, you also can start your application process for the Medicare Saving Programs—state program that provides help with other Medicare costs. Social Security will send information to your state unless you tell us not to on the Extra Help application. Your state will contact you to help you apply for a Medicare Saving Program. These Medicare Savings Programs help people with limited income and resources pay for their Medicare expenses. The Medicare Savings Programs help pay for your Medicare Part B (medical insurance) premiums. For some people, the Medicare Savings Programs also may pay for Medicare Part A (hospital insurance) premiums, if any, and Part A and B deductibles and co-payments.

**How do I apply for Extra Help?** It is easy to apply for Extra Help. Just complete Social Security's *Application for Extra Help with Medicare Prescription Drug Plan Costs (SSA-1020)*. Here's how:

- You can apply online;
- Call Social Security at 1-800-772-1213 (TTY 1-800-325-0778) to apply over the phone or to request an application; or
- Apply at your local Social Security office

After you apply, Social Security will review your application and send you a letter to let you know if you can choose a Medicare prescription drug plan. If you do not select a plan, the Centers for Medicare & Medicaid Services will do it for you. The sooner you join a plan the sooner you begin receiving benefits.

Source: *Social Security Online*, Electronic Fact sheet, [www.socialsecurity.gov/pubs/10040.html](http://www.socialsecurity.gov/pubs/10040.html)

## Medicare Interactive....

### Tips to get through Medicare Part D's "Doughnut Hole"

Have you heard of Medicare's "doughnut hole"? It's known as the "coverage gap" and it is unique to Medicare Part D, the prescription coverage part of the Medicare program that is available only through private insurance companies. Many people find out about the doughnut hole by accident. When all of a sudden their plan stops paying for their medications, here's how the doughnut hole works:

The coverage gap will start when the total cost of your prescriptions, what you and your plan have paid for covered drugs, reaches a certain amount. Individual plans can determine when the coverage gap starts, but in most plans it begins when your total drug costs reach \$2,700 in 2009.

While you are in the doughnut hole, you have to pay 100 percent of the cost of your drugs. And you will still pay your drug plan's monthly premium while in the gap.

In all plans, the coverage gap ends when your total out-of-pocket costs (just what you have paid) for covered drugs reach \$4,350 in 2009. After that, you will have "catastrophic coverage," and you will pay 5 percent of the cost of each covered drug, or a co-pay of \$2.40 for generics and \$6.00 for brand-name drugs, whichever is greater.

Your Medicare drug plan should be keeping track of how much money you have spent out of pocket on your covered prescription drugs and how close you are to the coverage gap. This information should be printed on your monthly statements. To make sure this information is correct, you should keep your receipts from the pharmacy.

If you have full Extra Help, the highest level of assistance from the federal program that helps people with low incomes pay for the costs of Medicare drug coverage, you will not have a coverage gap.

You will pay your Extra Help co-pays for covered drugs until you reach catastrophic coverage. Once you reach catastrophic coverage, you will no longer have co-pays. Catastrophic coverage for people with Extra help begins as soon as your total drug costs (what you pay plus what your drug plan pays for your covered drugs) reach \$6,153.75. Your total drug costs will reach \$6,153.75 faster if you take more expensive brand-name drugs (for which you will pay \$6.00 co-pays).

If you have partial Extra Help, you also will not have a coverage gap. You will pay either your plan's co-pay or 15 percent of the cost of your drug, whichever is cheaper. Once you reach catastrophic coverage, your co-pays will go down to \$2.40 for generics and \$6.00 for brand-name drugs.

Even if you don't have Extra Help, there may be ways you can keep your costs down while you are in the doughnut hole:

- Ask your doctor about lower-cost generics if you currently take brand-name drugs.
- If you can't take any drugs that cost less, ask your doctor if free samples are available.
- Your state pharmaceutical assistance program (SPAP) may help its members pay the out-of-pocket costs of a Medicare private drug plan.
- There may be charities that can help reduce your costs. (Go to <http://www.medicareinteractive.org>) In some cases, the amount the charity pays counts toward your catastrophic coverage limit. You can also see if your hospital has a Charity Care Policy to reduce your co-pays if you cannot afford them.
- Some pharmaceutical companies have Patient Assistance Programs (PAPs) that offer low-cost or free drugs to people with low incomes. However, only a few accept people with Part D. If you get help from a PAO to pay for a drug on your Part D plan's formulary, only what you pay for your drug will count toward meeting

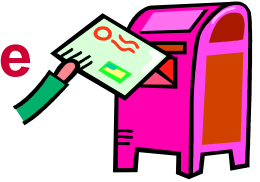
your out-of-pocket limit. Assistance from a PAP will not count toward the out-of-pocket costs that you must spend before catastrophic coverage begins. If you are interested in a specific PAP, call the program to find out how it works.

- If a pharmacy in your plan's network has a special promotion (limited time offer) to sell a medication that is on your plan's formulary (list of covered drugs) for a cheaper price than your plan, you can buy the medication for this price. You will need to tell the pharmacist to refill your medication without using your Medicare drug coverage. It is best to take advantage of such specials only during your deductible or coverage gap because it is only during these times that what you pay will count toward reaching your plan's catastrophic coverage limit. You will need to submit your receipts to your plan with any other required documentation in order for this amount to count toward reaching the catastrophic coverage limit. Find out what your plan requires by calling the customer service number listed on the back of your Medicare drug plan insurance card.
- Pharmacy discount generic programs. Some retail pharmacies offer year-round discounts on generics. If a pharmacy in your plan's network regularly sells a generic medication covered by your plan, you can take advantage of this price at any time. You will pay the pharmacy price or your co-pay, whichever is lower. If your plan charges coinsurance, the percentage you pay will be based on the lower store price.

To learn more about programs that can lower your Medicare prescription costs and how to apply for them, go to Medicare Interactive at [www.medicareinteractive.org](http://www.medicareinteractive.org). Medicare Interactive is a resource provided by the Medicare Rights Center, a national, nonprofit consumer service organization that works to ensure access to affordable health care for older adults and people with disabilities through counseling and advocacy, educational programs and public policy initiatives.

Source: *Medicare Interactive*, September 2009.

## Marci's Medicare Answers....



**What is "Original" Medicare? I have an HMO through which I get my Medicare coverage. Isn't Medicare just Medicare?**



—Mark

Dear Mark,

No, you have a choice of how to get your Medicare health benefits. Most people get their benefits from Original Medicare—the traditional fee-for-service program offered directly through the federal government. Under Original Medicare (sometimes called "traditional Medicare"), the government pays directly for the health care services you receive. You can see any doctor that takes Medicare (and most do) anywhere in the country by showing your "red, white, and blue" Medicare card.

—Marci

**Dear Marci,**



**I am enrolled in a Medicare HMO. Do Medicare private health plans offer different preventive care services than Original Medicare?**

—Rick (Heber, Springs, AR)

Dear Rick,

Possibly. No matter whether you have Original Medicare or a Medicare private health plan (like an HMO or PPO) your benefits will include coverage of a core set of preventive services. However, Medicare private health plans can choose to cover additional benefits.

Your costs and rules for getting the core services covered by Medicare may be different if you are in a Medicare private health plan than they would be in Original Medicare. However, private plans cannot charge you anything for the flu or pneumonia vaccines. In addition, private plans cannot require

that you get a referral in order to get a mammogram screening or a flu shot.

—Marci

Dear Marci,



**I had chickenpox as a child, and now I'm worried about getting shingles. Does Medicare cover the shingles vaccine?**

—Cindy (Pinehurst, ID)

Dear Cindy,

Yes, if you have Medicare Part D, the Medicare prescription drug benefit available only through private plans, you can get the shingles (herpes Zoster) vaccine. Part D plans must cover all types of commercially available vaccines that are not covered by Part B, including the vaccine for shingles. However, you will need to make sure you follow your particular plan's coverage rules and find out from your Part D plan how much the shot will cost.

Medicare Part B (outpatient benefits) covers your seasonal flu shot, as well as, vaccinations to prevent pneumonia and hepatitis B. Part B also covers other immunizations if you have been exposed to a disease or condition (like a tetanus shot if you step on a rusty nail or rabies shot if you are bitten by a dog).

—Marci

Dear Marci,



**I heard that Medicare covers the cost of a routine physical just once. What exactly is included in this physical?**

—Ralph

Dear Ralph,

Medicare will pay 80 percent of the Medicare-approved amount of a one-time routine physical examination during the first 12 months after you enroll in Medicare Part B, regardless of your age.

The Part B deductible does not apply to the benefit.

**The initial preventive physical exam, referred to as the "welcome-to-Medicare" exam, includes:**

- An electrocardiogram (EKG)
- Measurement of height, weight and blood pressure
- Education, counseling and referral related to other preventive services covered by Medicare
- Ultrasound screening for abdominal aortic aneurysms (AAA) if you are at risk

The "welcome to Medicare" physical exam benefit does not include payment for clinical laboratory tests.

Medicare does not cover routine physical exams. You pay 100 percent for annual physical exams. Some Medicare private health plans (HMO, PPO, PFFS) may cover routine physicals.

Dear Marci,



**One of the Medicare-certified hospice agencies in town is not willing to take my mother as a patient, even though she has Medicare. Is this allowed?**

—Callie

Dear Callie,

Medicare-certified hospice agencies are not required to take your mother as a patient simply because she qualifies for Medicare-covered hospice care. Agencies may select which patients they take, provided that they don't violate discrimination laws. Whether your mother is in Original Medicare or a Medicare private health plan, you should call other agencies. If she is terminally ill and her doctor certifies that she has fewer than six months to live, another agency may take her as a hospice patient.

—Marci

Source: **Marci's Medicare Answers** is a service of the Medicare Rights Center ([www.medicarerights.org](http://www.medicarerights.org)), the nation's largest independent source of information and assistance for people with Medicare; Vol. 8, Issue 27, 32, 33, & June & September 2009. To speak with a counselor, call (800) 333-4114. To subscribe to "Dear Marci," MRC's free educational e-newsletter, simply e-mail [dearmarci@medicarerights.org](mailto:dearmarci@medicarerights.org).



**Donations** for the Council on Aging newsletter, *Senior Tidings*, are always appreciated. The number of newsletters printed monthly has greatly increased over the past year. The mailing cost for each home is estimated to be **\$5.00 per year**. All donations should be sent to the Council on Aging, 200 S. Spring St., Bucyrus 44820. Thank you for your support!



## Home Energy Assistance Program

The Home Energy Assistance program (HEAP) is a federally funded program managed by the Ohio Department of Development. It is designed to help income qualified consumers pay for winter heating costs. The following chart shows income guidelines that have increased since printed in last months newsletter.

### 2009-2010 HEAP & E-HEAP Income Guidelines

A household whose total income is less than the following income guidelines may qualify for HEAP and E-HEAP assistance.

Size of household	Total household income for 12 months
1.....	\$21,660
2.....	\$29,140
3.....	\$36,620
4.....	\$44,100
5.....	\$51,580
6.....	\$59,060

\*For households with more than six members, add \$7,480 per person.

Application can be submitted now through May 31, 2010. Applications can be obtained from the Council on Aging (1-800-589-7853).

**Cell Phone Recycling:** The Council on Aging continues to collect used cell phones as a fundraising project. We also accept small electronics in hopes of keeping additional toxic waste out of the trash. The following items (working or not) will be accepted: Old Games Systems (Play station, X-box, Nintendo, etc.); iPods, all models; laptops; digital cameras; and of course cell phones and their accessories.

Simply, drop off your used electronics at:

**Council on Aging**  
**200 S. Spring St.**  
**Bucyrus, Ohio 44820**



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