



Crawford County
Council on Aging, Inc.
200 S. Spring St.
Bucyrus, Ohio 44820

419/562-3050 or
1-800-589-7853

Hours:
8:30 a.m.-5:00 p.m.
Monday-Friday

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Website:
crawfordcountyaging.com

Topics of Interest

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Senior Tidings

Crawford County Council on Aging, Inc.



March 2010

Council on Aging notes....

SSA's Online Estimator Updated

The Social Security Administration's online Retirement Estimator (at www.socialsecurity.gov/estimator) can now be used to provide immediate and personalized benefit estimates to Medicare-only beneficiaries. This means people who have enrolled in Medicare, but have not yet filed for Social Security benefits, will no longer need to contact their local SSA office to obtain an estimate of their retirement benefits.

Later this year, the online Retirement Estimator will be the first online service in all of government to be made available in Spanish.

Cell Phone Recycling:

The Council on Aging continues to collect used cell phones as a fund-raising 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



Health & Nutrition....

Things Forgotten...



Simple Lapse or Serious Problem?

Chances are you've walked into a room and forgotten why you went there, and misplaced your keys or eyeglasses at least a few times. Many people worry about these

memory lapses. They fear they're heading toward a serious condition like Alzheimer's disease, an irreversible brain illness.

Occasional forgetfulness is a normal part of life that becomes more common as we grow older. In most cases, it's no cause for alarm—unless it be-

gins to hamper daily activities. Forgetting where you left the car keys is one thing; forgetting what they do is quite another.

Over the past few years, scientists have learned a lot about memory and why some memory problems are serious but others are not. As we age, changes occur throughout the body, including the brain. As a result, you may begin to notice that it takes longer to learn new things. Perhaps you can't remember information as well as before, or you may misplace things. These memory lapses may be signs of normal aging, but if increasing forgetfulness begins to worry you, it's a good idea to check with your doctor. If a medical problem exists, it's best to start treatment as early as possible.

No matter what your age, several underlying causes can bring about memory problems. Forgetfulness can arise from stress, depression, lack of sleep or thyroid problems. Other causes include side effects from certain medicines, an unhealthy diet or not having enough fluids in your body (dehydration). Taking care of these underlying causes may help resolve your memory problems.

For some older people, though, episodes of memory loss may be a sign of a more serious problem called dementia. Two of the most common forms of dementia in older people are Alzheimer's disease and multi-infarct dementia (or vascular dementia).

In Alzheimer's disease, memory loss begins slowly and gets worse over time. People with Alzheimer's disease have trouble thinking clearly. They find it hard to do everyday things like shopping, driving, cooking or having a conversation. Medications can help during the early or middle stages. As the illness progresses, though, patients may need someone to take care of all their needs (like feeding and bathing) at home or in a nursing home.

Vascular dementia also causes serious memory problems, but unlike Alzheimer's disease, the signs of vascular dementia may appear suddenly. This is because the memory loss and confusion are caused by small strokes or changes in the blood supply to

the brain. Further strokes can make the situation worse. Taking care of your high blood pressure can lower your chances of getting this illness.

See your doctor if you're concerned that you or someone you know has a memory problem. Your doctor may be able to diagnose the problem or refer you to an expert who specializes in memory problems.

Wise Choices: *Forgetfulness: When to Seek Help*



People who have a sudden loss of memory or become very confused should get medical help right away. Make an appointment to see a doctor if you notice these symptoms.

- Asking the same question or repeating the same story over and over.
- Becoming lost in familiar places
- Not being able to follow directions
- Getting confused about time, people and places
- Not taking care of yourself—eating poorly, not bathing or being unsafe.
- Having memory or concentration problems that concern you.

Depression: An illness that brings a persistent and, anxious or "empty" mood; feelings of hopelessness; and other symptoms that affect your ability to function and enjoy life.

Dementia: Loss of thinking, memory and reasoning skills that seriously affects your ability to carry out daily activities.

Source: *NIH News in Health*, Nation Institutes of Health: Department of Health and Human Services, newsinhealth.nih.gov, February 2010.

A Good Night's Sleep



Every since he retired, Edward dreads going to bed at night. He's afraid that when he turns off his light, he will just lie there with his eyes open and his mind racing. "How can I break this cycle?" he asks. "I'm tired—I need to get some sleep."

Just like Edward, you want a good night's rest. Getting enough sleep helps you stay healthy and alert, but many older people don't sleep well. If you're always sleepy, it may be time to see a doctor. You shouldn't wake up every day feeling tired.

Sleep and Aging...Older adults need about the same amount of sleep as young adults—7 to 9 hours each night. But seniors tend to go to sleep earlier and get up earlier than when they were younger. Older people may nap more during the day, which can sometimes make it hard to fall asleep at night.

There are two kinds of sleep—REM (rapid eye movement) sleep and non-REM sleep. We dream mostly during REM sleep and have the deepest sleep during non-REM sleep. As people get older they spend less time in deep sleep, which may be why older people are often light sleepers.

Sleep Problems...There are many reasons why older people may not get enough sleep at night. Feeling sick or being in pain can make it hard to sleep. Napping during the day can disrupt sleep at night. Some medicines can keep you awake. No matter the reason, if you don't get a good night's sleep, the next day you may:

- Be irritable
- Have memory problems or be forgetful
- Feel depressed
- Have more falls or accidents
- Feel very sleepy during the day.

Insomnia...is the most common sleep problem in adults age 60 and older. People with insomnia

have trouble falling and staying asleep. Insomnia can last for days, months, or even years. If you're having trouble sleeping, you may:

- Take a long time to fall asleep
- Wake up many times in the night
- Wake up early and be unable to get back to sleep
- Wake up tired
- Feel very sleepy during the day

There are many causes of insomnia. Some of them you can control, but others you can't. For example, if you are excited about a new activity or worrying over your bills, you may have trouble sleeping. Sometimes insomnia may be a sign of other problems. Or, it could be a side effect of a medication or an illness.

Often, being unable to sleep becomes a habit. Some people worry about not sleeping even before they get into bed. This may even make insomnia worse.

Older adults who have trouble sleeping may use more over-the-counter sleep aids. Using prescription medicines for a short time might help, but remember, medicines aren't a cure for insomnia. Developing healthy habits at bedtime may help you get a good night's sleep.

Getting a Good Night's Sleep

Being older doesn't mean you have to feel tired all the time. There are many things you can do to help you get a good night's sleep. Here are some ideas:

- Follow a regular sleep schedule. Go to sleep and get up at the same time each day, even on weekends. Try to avoid napping in the late afternoon or evening, as it may keep you awake at night.
- Develop a bedtime routine. Take time to relax before bedtime each night. Some people watch television, read a book, listen to soothing music, or soak in a warm bath.

- Keep your bedroom dark, not too hot not too cold. And as quiet as possible.
- Have a comfortable mattress, a pillow you like, and enough blankets for the season.
- Exercise at regular times each day but not within hours of your bedtime.
- Make an effort to get outside in the sunlight each day.
- Be careful about when and how much you eat. Large meals close to bedtime may keep you awake, but light snack in the evening can help you get a good night's sleep.
- Stay away from caffeine late in the day. Caffeine (found in coffee, tea, soda, and hot chocolate) can keep you awake.
- Drink fewer beverages in the evening. Waking up to go to the bathroom and turning on a bright light break up your sleep.
- Remember that alcohol won't help you sleep. Even small amounts make it harder to stay asleep.
- Use your bedroom only for sleeping. After turning off the light, give yourself about 20 minutes to fall asleep. If you're still awake and not drowsy, get out of bed. When you feel sleepy, go back to bed.

Sweet Dreams

There are some tricks to help you fall asleep. You don't really have to count sheep—but you could try counting slowly to 100. Some people find that playing mental games makes them sleepy. For example, tell yourself it's 5 minutes before you have to get up, and you're just trying to get a few extra winks. Other people find that relaxing their body puts them to sleep. You might start by telling yourself that your toes feel light as feathers and then work your way up the rest of the body saying the same words. You may drift off to sleep before getting to the top of your head.

Source: (www.nihseniorhealth.gov), National Institute on Aging, National Institutes of Health, U.S. Department of Health and Human Services, last updated Aug. 13, 2009.

Medicare information....



Extra Help Available for Ohio Medicare Beneficiaries

Ohio Medicare beneficiaries who have limited income and resources may qualify for the Limited-income Subsidy (LIS), or "Extra Help," to help pay for their Part D prescription drug plan costs. This low-income subsidy from Medicare helps beneficiaries pay for their monthly premiums, yearly deductibles, prescription coinsurance and co-payments, saving them an average of \$3,900 annually.

Some beneficiaries automatically qualify for Extra Help while others will need to apply. The Extra Help annual income limit is \$16,245 for an individual and \$21,855 for a married couple living together. The resource limit is \$12,510 for an individual and \$25,010 for a married couple living together. Resources include such things as bank accounts, stocks and bonds, but ***does not*** include a house or cars.

- Life insurance policies will no longer be counted as a resource, and
- Any help received regularly from someone to help you pay your household expenses—food, mortgage, rent, heating fuel or gas, electricity, water and property taxes will no longer be counted as income.

Even if your annual income is higher, you still may be able to get some help with your monthly premiums, annual deductibles and prescription co-payments. Some examples where your income may be higher include, if you or your spouse:

- Support other family members who live with you; and/or

- Have earnings from work.

Individuals who think they may be eligible should contact the Area Agency on Aging at 1-800-860-5799 or the Council on Aging at 1-800-589-7853.


To apply for Extra Help:

- Complete the *Application for Extra Help with Medicare Prescription Drug Plan Costs* (SSA-1020) online at www.socialsecurity.gov.
- Complete the application online at the *Ohio Benefit Bank*.
- Call the Social Security Administration (SSA) at 1-800-772-1213 to apply over the phone or to request an application.
- 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 qualify. Once you qualify, you must enroll in a Medicare Part D prescription drug plan. If you do not select a plan, The Centers for Medicare and Medicaid Services will select a plan for you.

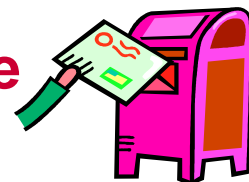
Source: *Aging Connection*, Ohio Department of Aging, February 2010.

AARP Medicare Rx Preferred Drug Plan :

 OSHIIP (Ohio Senior Health Insurance Information Plan) learned that premiums were not deducted for beneficiaries who were enrolled in the AARP Medicare Preferred Part D plan and requested an automatic deduction from their Social Security check. This impacted 29,000 beneficiaries nationally, including some in Ohio, and goes back to 2006. The plan is writing off the years prior to 2009, but they are billing for the entire year of 2009. Beneficiaries should call the plan to set up payment plans. If this is a hardship for a beneficiary, please call the OSHIIP hotline at 1-800-686-1578.

Source: *OSHIIP*, Ohio Senior Health Insurance Information Program, February 2010.

Marci's Medicare Answers....



Dear Marci,



I have Medicare but a friend told me I might also qualify for Medicaid to help pay for my health care costs. What is Medicaid and how does it work with Medicare?

—Ned (Helena, MT)

Dear Ned,

If you have a low income, you may qualify for certain Medicaid programs in your state, depending on your health care needs. Medicaid is a federal and state program that covers medical care for certain people with low income. Each state runs several different Medicaid-funded programs for different groups of people.

If you qualify for a Medicaid program, Medicare will pay first for your health care and Medicaid will pay second. In many cases, for services that both Medicare and Medicaid can cover (such as doctors' visits, hospital care, home care and skilled nursing facility care), Medicaid will prevent or protect you from owing your doctor or hospital any Medicare coinsurance and co-payments.

Medicaid may also pay for some additional services that Medicare does not cover, such as dental care or transportation to and from doctors' appointments. Depending on which program you qualify for, Medicaid may cover extended long-term care services.

—Marci

Dear Marci,



I'm at risk for osteoporosis. Does Medicare cover bone density tests?

—Shirley

Dear Shirley,

Yes. If your doctor believes you are at risk for osteoporosis and orders the test, Medicare will cover 80 percent of the cost of one bone mass measurement (sometimes called "bone density tests") every two years (24 months), after you pay your annual Part B deductible. Medicare will also cover follow-up measurements or more frequent screening if your doctor prescribes them.

Bone mass measurements show if you need medical treatment for osteoporosis, a condition that causes "brittle bones" in many older adults. Those at high risk for the disease include people who have a family history of the disease, have spinal abnormalities, have certain conditions (such as thyroid disorders) or have taken certain medications for a prolonged period of time (such as a steroid anti-inflammatory).

—Marci

Dear Marci,



When will Medicare pay for care I receive in a skilled nursing facility?

—Yu

Dear Yu,

Medicare may help pay for skilled nursing facility (SNF) care if:

- You need skilled nursing care seven days a week or skilled therapy services at least five days a week;
- You were formally admitted as an inpatient to a hospital for at least three consecutive days in the 30 days prior to admission in a Medicare-

certified skilled nursing facility; and

- You are eligible for Medicare at the time you are discharged from the hospital.
- **Note:** If you are admitted to the emergency room under observation or receive only emergency room services, this time spent in the hospital does not count toward meeting the three-day prior hospital requirements for SNF coverage.

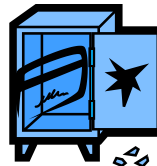
If you meet these criteria, Medicare will pay the full cost of the first 20 days and part of the cost of another 80 days of care in a Medicare-certified skilled nursing facility each benefit period. A benefit period begins the day you enter the SNF and ends when you no longer receive SNF care for 60 days in a row.

—Marci

Source: **Marci's Medicare Answers** is a service of the Medicare Rights Center (www.medicarerights.org), the nation's largest independent source of information and assistance for people with Medicare; Vol. 8, Issue 1, January 2010 & February 2010. 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.

Stop Medicare Fraud....

Consumers Are the First Line of Defense Against Medicare Fraud



The Ohio Department of Aging, the state Senior Medicare Patrol (SMP) project and other state and local partners are encouraging older Ohioans with Medicare to be alert to signs that someone may be committing Medicare fraud in their names. Consumers can protect themselves and help save tax dollars by reviewing their Medicare statements and reporting problems to their providers or the SMP.

"When someone plays games with your Medicare coverage, everybody loses," said Barbara E. Riley, director of the department. "Medicare fraud costs American taxpayers an estimated \$60 billion each year, money that could have been used to provide medical care, support home care services and help people avoid unnecessary nursing home placements."

Fraud includes billing for services that were not provided or equipment that wasn't received, over-billing, "unbundling" hospital charges so you are billed separately and more. Older Ohioans can help fight fraud by carefully reading their quarterly Medicare Summary Notices and noting any charges they don't recognize or providers they haven't used. If possible, consumers should address issues first with their providers, but they also can call the **state SMP hotline at 1-800-488-6070** for assistance. Other ways to prevent fraud include protecting your Medicare card much like you would your Social Security card, and not providing your Medicare number in exchange for free meals or prizes.

One more way to battle fraud is to be an active and engaged consumer of Medicare products and long-term care services. Consumers can get answers to basic Medicare questions and help selecting coverage that best fits their needs by contacting the **Council on Aging, 1-800-589-7853**, and/or the **Office of the State Long-term Care Ombudsman** can help consumers address concerns about long-term care providers; at **1-800-282-1206**.

Ohio seniors who wish to help get the word about Medicare fraud to other seniors can call the SMP hotline number above to volunteer.

Source: Ohio Department of Aging, Columbus, Ohio, aginginfo@age.state.oh.us, February 11, 2010.

2010 Census....



Help Make Sure Everyone is Counted

In March 2010, census forms will be delivered to every residence in the United States. The 2010 Census aims to count all U.S. residents, citizens and non-citizens alike. The Census Bureau asks that all respondents fill in the form to account for everyone living at that address as of April 1, 2010, and includes a prepaid envelope with the form so you can mail it back as soon as possible.

During the 1950s, Ohio gained 1.8 million residents, growing 22 percent —compared to 19 percent for the nation, according to census data. However, from 1960 to 2000, Ohio gained only 1.6 million residents and experienced a growth rate much slower than the nation. From April 1, 2000, to July 2007, Ohio's population grew 1.0 percent, while the nation's population grew 7.2 percent. The average Ohio household size has declined 27.4 percent since 1950, faster the U.S. average of 21.3 percent.

Census data helps to determine the allocation of more than \$400 billion of federal funding each year for community services, such as home-delivered meals, long-term care ombudsman programs, senior center and employment programs. People from many walks of life use census data to advocate for causes, prevent disease, research markets, locate pools of skilled workers and more. Census data also will determine Ohio's representation in the U.S. House of Representatives over the next decade. It is estimated that Ohio will lose at least one seat and possibly up to three.

The 2010 Census will be one of the shortest and simplest in U.S. history. It requires less personal information than a typical credit card application. It will ask just 10 basic questions including name, sex, age and date of birth, Hispanic origin, race, household relationship and if you own or rent your home. The 2010 Census does NOT ask about bank account information, salary or income, citizenship

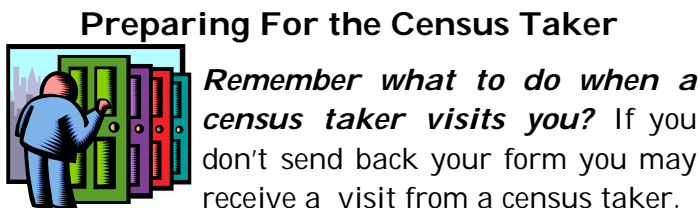
or immigration status, or anyone's Social Security number.

Any personal data is kept confidential. By law, the Census Bureau cannot share personally identifiable information with anyone, including the IRS, FBI, CIA, or any other government agency. Penalties for any employee who might share that information are severe—up to five years in prison and a \$250,000 fine.

Census forms are sent to every residence, meaning if an individual has two residences, such as one here and one in Florida, that person will receive forms at both addresses. Snowbirds, Ohioans who spend part of the year in another state, should list their Ohio residence as their permanent household if they spend the majority of the year here. Census Bureau workers will take in-person counts of people living in group quarters, such as nursing facilities. In May and June, U.S. Census Bureau employees will visit residences that do not return a form.

If you do not receive a form by April 1, call the Telephone Questionnaire Assistance center at 1-866-872-6868 from 8 a.m. to 9 p.m. seven days a week through July 30, 2010. For more information about the 2010 Census, visit www.census.ohio.gov/.

Source: Aging Connection, Ohio Department of Aging, February 2010.



Preparing For the Census Taker

Remember what to do when a census taker visits you? If you don't send back your form you may receive a visit from a census taker.

If a census taker visits you, here's what you should do:

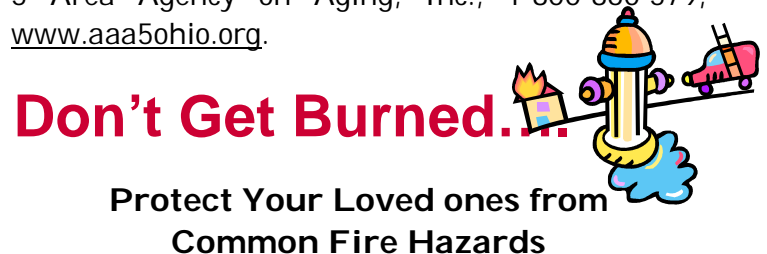
- ☑ First ask to see their ID. All census workers carry official government badges marked with just their name; they may also have a "U.S.

Census Bureau" bag.

- ☑ Note that the census taker will never ask to enter your home.
- ☑ If you're still not certain about their identity, please call the Regional Census Center's to confirm they are employed by the Census Bureau.
- ☑ Answer the census form questions for your entire household (you must be at least 15 years old to answer questions) so that the census taker can record the results for submission to the Census Bureau.

Census takers visit local homes several times to capture resident information for the 2010 Census. If you prefer, you can schedule a visit with your census taker. Should the census taker come when you are away from your home, they will leave a contact number. If a census taker has not visited your home or you have a question about your participation with the census, call your Census office.

Source: Information provided by the Ohio District 5 Area Agency on Aging, Inc., 1-800-860-579, www.aaa5ohio.org.



Protect Your Loved ones from Common Fire Hazards

Fire has been an important part of all cultures and religions, from pre-history to modern day. It was vital to the development of civilization and we've used fire as a tool for millennia. Today, fire adds an air of romance to a candle-lit dinner or cozy warmth in front of a fireplace. We cook with it and fire, in one form or another, is the main way we heat our homes.

Yet, for all its usefulness, fire can be frightening, dangerous and, at times, lethal. It can consume your house, your belongings and your loved ones. Statistics show that children and the elderly are at increased risk of dying as a result of a house fire. If

you have either living with you in your home, planning ahead and getting rid of fire hazards will give you and them precious peace of mind. The best defense against a deadly house fire is to have working smoke detectors installed in several rooms, particularly sleeping areas, and on every floor of your home. For as little as \$7 each, smoke alarms can cut nearly in half the risk of dying in a fire. Smoke alarms sense abnormal amounts of smoke or invisible combustion gases in the air and can detect both smoldering and flaming fires. But having them is only part of the solution; they must always have fresh batteries (install a fresh set each year) and be tested regularly (at least once a month). Smoke alarms wear out over time, so replace yours if it is 10 years old or older.

Once you have the reassurance that you and your family will be alerted if a fire starts in your home, focus on things you can do to prevent a fire from starting in the first place:

- **Make sure the only thing you cook is food.** Turn handles of pots and pans toward the back of the stove to avoid accidentally knocking them over. Do not leave anything unattended on the stove, even for just a minute. Do not wear loose-fitting clothing around the stove and keep towels, potholders and paper away from hot surfaces. Use the oven and stove only to cook—do not use them to heat your home.
- **Watch your butts.** If you smoke, use deep-seated ashtrays on steady surfaces. Never smoke while lying down, when tired or when taking medications that cause drowsiness. Keep lighters, matches and lit cigarettes out of the reach of small children.
- **Heat your spaces responsibly.** If you use electric space heaters, be sure the electrical cords and plugs are in good condition and only plug them directly into an outlet rated to carry the load. Do not plug electric heaters into extension cords or outlet strips. If you heat with a fireplace or heating stove, check that the fire-

place flues are clear and use a screen to deflect sparks. Keep combustible materials like blankets, curtains and clothing at least three feet away from any heat source.

Now that you have a warning system in place and have eliminated common risks, you need to have a plan for what you will do if a fire does start in your home. Talk to everyone in your home about what to do and identify escape routes out of every room. Review safety steps like checking closed doors for heat before opening and crawling on the floor below the smoke. Remind everyone that the first priority is to save people, not property—the time it takes to retrieve that thing you don't think you can live without, could be the difference between life and death. Call 9-1-1 from a neighbor's home or other safe location. Once you are out of a burning building, do not go back in for any reason. If someone is missing, tell the firefighters. They are equipped to perform rescues safely.

Source: Boomerang, My Family-January 2010, Ohio Department of Aging.

Great Depression Story Project....

"Food was always a problem, or should I say the lack of food. The kids were always looking for a bit of something. If one kid had an apple to eat, they would surround that one child yelling 'core, core!' Then, one person would get the core of the apple to suck out the final bits of apple and juices that were left. The rest of us just stared and hoped that someday we could have an apple or a core to eat."
—*Edna Hanson, age 76, Toledo*

"My contribution to the family table was turtle. Coming home from school when I was quite small, I would look for turtle tails along the river or creek bank. I would pull the turtles out of the bank, being very careful not to get my fingers snapped off. I'd take the turtles home and turn them over to my

father, and the next night we'd have a delicious supper of turtle meat. Later on, we'd have turtle soup." —*Elizabeth Helber, age 87, Logan.*

"Our Victory Diner customers varied from young to old, but one woman's plight and desperation stayed with me for life. This little old woman came daily into our diner for months, sat in what we called one of our small (2-seater) front booths, ordered only a cup of hot water. Then she drew out a single tea bag from her satchel-purse, put it into the cup. Finally she emptied our sugar bowl into the cup. She drank that. I suspect that's all she had to eat or drink for most of the day. Her plight and desperation haunts me to this day." —*Alice J. Hornbaker, age 82, Cincinnati.*

"Eggs were 10 cents a dozen. No one ever charged to baby sit—unheard of—that's what neighbors did for nothing. Mom and dad made our own bread. I never tasted store-bought bread until I was 16; I never tasted bacon until I was 18. My mother never tasted bacon at all." —*Gladys Saba Wright, age 89, Richmond Heights.*

"My brother and sister went to school and were instructed by mother to pick up any stick or piece of wood they saw, or any lumps of coal that fell from the trains on the tracks. It was vital for cooking and keeping warm. They were especially ordered to use any influence they had to get newspapers. This was a vital necessity—it was torn into strips to relight the fire when it went out for lack of fuel. And, it was used to wrap lunches for school and carefully refolded to come home and be used again. When it was too tattered, it was torn into squares and placed on a nail in the outside toilet for obvious reasons." —*Edward R. Brienz, age 85, Farmdale.*

"In the 1930's there were still a lot of coal furnaces (bring coal in and take out ashes). Dad bought an old dump truck and he and I would go to Southern Ohio and buy coal at the mine and sell it in Columbus. On one trip, I walked back into the hills and gathered a lot of bittersweet vines. Back in Colum-

bus I sold the bittersweet door to door for 35 cents a bunch and cleared more money than my dad did on 7 tons of coal." —*William Thompson, age 80, Columbus.*

"We only used electricity and the telephone when absolutely necessary. Grandmother used to say, 'Turn off the light, I'd rather buy a blouse.'" —*Paula Deatrick Ashton, age 69, Toledo*

Source: Excerpts collected from the Ohio Department of Aging, *Great Depression Stories Project 2009*, www.aging.ohio.gov.

Council on Aging Board of Trustees Meeting

Date: Wednesday, February 17th

Time: 10:00 a.m.

Location: 200 S. Spring St., Bucyrus, OH

Please contact Executive Director, Peg Wells, to confirm the meeting.

Meeting times & location are subject to change.

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