

# Instructions for Application for Older Americans Act (OAA), Title VI 2020 Grants

## Contents

APPLICANT ORGANIZATION INFORMATION .....	2
APPLICANT CONTACT INFORMATION.....	7
CONSORTIUM INFORMATION .....	9
PROGRAM PLANNING AND ADMINISTRATION .....	11
CONGREGATE MEAL PROGRAM INFORMATION.....	15
HOME-DELIVERED MEAL PROGRAM INFORMATION .....	17
SUPPORTIVE SERVICES PROGRAM INFORMATION .....	20
CAREGIVER PROGRAM INFORMATION .....	27

## APPLICANT ORGANIZATION INFORMATION

Field Name	Required or Optional	Information
<b>Name of Organization</b>	Required	<p>Enter the name of the organization (federally recognized Tribe, Alaskan Village, and Native Hawaiian organization) applying for the grant.</p> <p>If applying as a consortium, enter the name of the lead organization.</p>
<b>Grant(s) for Which Organization is Applying</b>	Required, select only one	<p><b>Part A only:</b> Select this option if your organization is an American Indian Tribe or Alaskan Native Village that is applying only to receive Nutrition &amp; Supportive Services Grants.</p> <p><b>Parts A &amp; C:</b> Select this option if your organization is an American Indian Tribe or Alaskan Native Village that is applying to receive Nutrition &amp; Supportive Services Grants <u>and Caregiver Grants</u>.</p> <p><b>Part B only:</b> Select this option if your organization is a Native Hawaiian Organization that is applying only to receive Nutrition &amp; Supportive Services.</p> <p><b>Parts B &amp; C:</b> Select this option if your organization is a Native Hawaiian Organization that is applying to receive Nutrition &amp; Supportive Services Grants <u>and Caregiver Grants</u>.</p>
<b>Street Address, City, State and Zip Code</b>	Required	Enter the organization's mailing address.
<b>Organization's 9-Digit EIN</b>	Required	Enter the organization's 9-digit Employer Identification Number (EIN) assigned by the Internal Revenue Service.

Field Name	Required or Optional	Information
<b>Suffix to Organization's EIN</b>	Optional	
<b>Organization's Active DUNS</b>	Required	Enter the DUNS or DUNS+4 number of the applicant organization.
<b>Current Title VI Part A/B Grant Number</b>	Required if current grantee.  Not applicable if new grantee.	Enter the organization's current Title VI Part A/B grant number. The number is in the following format: 17****T6NS.  Only complete this field if you are a current Title VI grantee.
<b>Number of Older Americans Act-eligible elders (Age 60+) living in service area</b>	Required	To be eligible to receive this grant, your organization must represent at least 50 individuals who are age 60 years of age or older.  Enter the number of individuals age 60 and older living in the organization's service area.
<b>Source of Older Americans Act-eligible elders data:</b>  -U.S. Census -Tribal Enrollment	Required, select only one	Select "U.S. Census" if your organization is using US Census data to determine the number of elders residing in the service area.  OR  Select "Tribal Enrollment" if your organization develops their own population statistics, with approval from the Bureau of Indian Affairs.
<b>Signature of Tribal Enrollment Official</b>	Required if using "Tribal Enrollment" as source of population statistics.  Not applicable if using Census for population statistics.	If you selected "Tribal Enrollment" for the previous answer, your application must include the signature of your organization's Tribal Enrollment Official. The signature may be included here, or as a separate page attached to the application.  This field is not required if you chose "U.S. Census" for the previous answer.

Field Name	Required or Optional	Information
		Do not include any personally-identifying information for any tribal elders in this application. A simple statement of the number of elders aged 60 and over living in the service area will be sufficient as long as it is signed by the tribal enrollment officer.
<b>Date of signature of Tribal Enrollment Official</b>	Required if using Tribal Enrollment as source of population statistics.  Not applicable if using Census for population statistics.	If you selected “Tribal Enrollment” for the source of your organization’s population statistics, enter the date that the Tribal Enrollment Official provided the population statistics.  This field is not required if you chose “U.S. Census” for the previous answer.
<b>Does organization allow participation in Title VI services by elders under age 60?</b>	Required	Although the organization must have 50 elders age 60 or older in order to be eligible to receive a Title VI grant, a tribe may determine a different age for eligibility to receive services.  Choose “Yes” if your organization has chosen a different age for who is considered an “elder” and is eligible to receive Title VI nutrition/supportive services.  Choose “No” if your organization has chosen age 60 for who is considered an “elder” and is eligible to receive Title VI nutrition/supportive services.
<b>If "yes" to previous question, what is the organization's age for an eligible elder?</b>	Required if organization allows participation by elders under age 60.  Not applicable if organization does not allow participation by elders under age 60.	If you chose “Yes” to the previous question, enter the minimum age an individual must be in order to be eligible for services as an elder in your tribe.  If you chose “No” to the previous question, do not answer this question.

Field Name	Required or Optional	Information
<p><b>If organization allows participation by elders under age 60, total number of elders below age 60 living in service area.</b></p>	<p>Required if organization allows participation by elders under age 60.</p> <p>Not applicable if organization does not allow participation by elders under age 60.</p>	<p>If your organization allows participation by elders under age 60, enter the number of elders below age 60 living in service area.</p> <p>If your organization does not allow participation by elders under age 60, do not answer this question.</p>
<p><b>Total number of elders in service area (Total of elders age 60+ and elders under 60).</b></p>	<p>Required if organization allows participation by elders under age 60.</p> <p>Optional if organization does not allow participation by elders under age 60.</p>	<p>If your organization allows participation by elders under age 60, enter the total number of elders of all ages (age 60 and below) residing in your organization's service area. This number should be larger than the number of OAA-eligible elders living in your service area.</p> <p>If your organization does not allow participation by elders under age 60, you do not have to answer this question. (ACL will use the number of OAA-eligible elders your organization listed above.)</p>
<p><b>Is your organization applying as a consortium of tribes?</b></p>	<p>Required</p>	<p>If you choose "Yes", you must complete the consortium chart (see further instructions below) and include current resolutions for each member of the consortium.</p>
<p><b>For your application to be complete, you must attach to this application a description of your planned service area.</b></p>	<p>Required</p>	<p>Service area is defined as the geographic area in which the tribal organization provides supportive and nutritional services to older Indians residing there.</p> <p>A service area may include all or part of the reservation or any portion of a county or counties which has a common boundary with the reservation. A service area may also include a non-contiguous area if the designation of such an area will further the purpose of the Act and will provide for more effective administration of the program by the tribal organization.</p>

Field Name	Required or Optional	Information
		Attach to this application a map of your planned service area.
<p><b>For your application to be complete, you must attach to this application a signed Tribal resolution.</b></p>	<p>Required if applying for Part A or Parts A &amp;C.</p> <p>Not applicable if applying for Part B or Parts B&amp;C.</p>	<p>Attach to this application a signed resolution(s) permitting the tribal organization to apply for the 2020 Title VI grant cycle.</p> <p>Resolutions from previous grant cycles will not be accepted.</p> <p>Resolutions are required only for organizations applying for Part A or for Part A&amp;C funding; Native Hawaiian applicants do not need resolutions for either Part B or Part C.</p> <p>If the tribal organization represents a consortium of more than one Tribe, a resolution is required from each participating Tribe, specifically authorizing representation for the current grant cycle by the tribal organization for the purpose of Title VI of the OAA.</p>

## APPLICANT CONTACT INFORMATION

Field Name	Required or Optional	Information
<b>Name of Title VI Director</b>	Required	Enter the name of the Title VI director.
<b>Email Address</b>	Required	Email for Title VI director.
<b>Phone Number</b>	Required	Phone for Title VI director.
<b>Fax Number</b>	Optional	Fax for Title VI director.
<b>Name of Tribal Fiscal Contact for Title VI Grant</b>	Required	Enter the name of the fiscal contact for the Title VI grant.
<b>Title of Tribal Fiscal Contact</b>	Required	Title of fiscal contact.
<b>Email Address</b>	Required	Email for fiscal contact.
<b>Phone Number</b>	Required	Phone for fiscal contact.
<b>Fax Number</b>	Optional	Fax for fiscal contact.
<b>Name of Principal Official</b>	Required	Enter the name of the Principal Official.  The principal official is the person authorized to apply for grant funds on behalf of your organization.
<b>Title of Principal Official</b>	Required	Title of the Principal Official.
<b>Email Address</b>	Required	Email for Principal Official.
<b>Phone Number</b>	Required	Phone for Principal Official.
<b>Fax Number</b>	Optional	Fax for Principal Official.
<b>Signature of Principal Official</b>	Required	Insert signature of Principal Official here.
<b>Date of Signature of Principal Official</b>	Required	Date of signature of Principal Official.

Field Name	Required or Optional	Information
<b>Name of Caregiver Program Contact</b>	<p>Required if applying for Part C.</p> <p>Not applicable if applying for only Part A or Part B.</p>	<p>If you are applying for Part C (Caregiver Program) grant funds, enter the contact person for the caregiver program. This can be same individual listed as Title VI director above.</p> <p>If you are not applying for Part C grant funds, do not answer this question.</p>
<b>Title</b>	Optional	<p>If you are applying for Part C grant funds, enter the title of the contact person for the caregiver program.</p> <p>If you are not applying for Part C grant funds, do not answer this question.</p>
<b>Email Address</b>	<p>Required if applying for Part C.</p> <p>Not applicable if applying for only Part A or Part B.</p>	<p>If you are applying for Part C grant funds, enter the email address for the contact person for the caregiver program.</p> <p>If you are not applying for Part C grant funds, do not answer this question.</p>
<b>Phone Number</b>	<p>Required if applying for Part C.</p> <p>Not applicable if applying for only Part A or Part B.</p>	<p>If you are applying for Part C grant funds, enter the contact person for the caregiver program.</p> <p>If you are not applying for Part C grant funds, do not answer this question.</p>
<b>Fax Number</b>	Optional	Fax for caregiver contact.
<b>Name/Title/Email Address/Phone Number for Other Contacts</b>	Optional	Include contact information for any other Title VI staff you would like ACL to have a record of.

## CONSORTIUM INFORMATION

Complete this portion of the application only if your organization is applying as a consortium of tribes. If your program's consortium is made up of more than 4 tribes/villages, add an additional page to the application to list the additional tribes/villages.

EACH MEMBER OF THE CONSORTIUM IS REQUIRED TO INCLUDE A TRIBAL RESOLUTION ALLOWING THE TRIBE’S/VILLAGE’S PARTICIPATION IN TITLE VI GRANTS.

Field Name	Required or Optional	Information
<b>Tribe/Village 1</b>		
<b>Name of Tribe/Village</b>	Required if applying as a consortium.  Not applicable if not applying as a consortium.	Enter the name of one of the tribes or villages that comprise the consortium.
<b>Number of elders (age 60+) in Tribe/Village</b>	Required if applying as a consortium.  Not applicable if not applying as a consortium.	Enter the number of elders age 60 and older that reside in this tribe’s/village’s service area.
<b>Name of Contact Person for Tribe/Village</b>	Required if applying as a consortium.  Not applicable if not applying as a consortium.	Enter the name of a contact person for this tribe/village. It should be the name of someone associated with administering the Title VI grant at this location.
<b>Email Address of Contact Person for Tribe/Village</b>	Required if applying as a consortium.  Not applicable if not applying as a consortium.	Enter the email address for the contact person for this tribe/village.
<b>Phone Number of Contact for Tribe/Village</b>	Required if applying as a consortium.  Not applicable if not applying as a consortium.	Enter the phone number for the contact person for this tribe/village.

<b>Field Name</b>	<b>Required or Optional</b>	<b>Information</b>
<b>Contact information for other Tribes/Villages that comprise the Consortium.</b>	<p>Required if applying as a consortium.</p> <p>Not applicable if not applying as a consortium.</p>	<p>Complete the contact information fields for as many tribes/villages that comprise the consortium. For instance, if your applicant organization represents 3 tribes, you must include contact information for each of those 3 tribes.</p>

## PROGRAM PLANNING AND ADMINISTRATION

Field Name	Required or Optional	Information
<p><b>What are the identified needs for supportive and nutrition services among older individuals who are Indians, according to the results of your program's Needs Assessment?</b></p>	<p>Required</p>	<p>A recent (recent is defined as occurring since April 2017) needs assessment demonstrating the need for supportive and nutrition services among Native American (for Part A) or Native Hawaiian (for Part B) elders is a requirement of the Title VI application process.</p> <p>Describe here the results of the needs assessment your program conducted in preparation for this grant application.</p>
<p><b>Describe the nutrition and supportive service programming your program will provide and how your program will deliver the services. Include how your program will ensure consistent service delivery across the entire service area.</b></p>	<p>Required</p>	<p>Briefly describe the type of services your program will provide to elders. You can enter additional detail about the nutrition or supportive services in the sections that follow.</p> <p>Ensure you include a description of how your program will provide required nutrition and supportive services across the entire service area.</p>
<p><b>Describe any obstacles to nutrition and supportive service delivery that your program may encounter.</b></p>	<p>Required</p>	<p>Obstacles to service delivery could include geographic or economic challenges. Describe the challenges faced by your program as it delivers Title VI services.</p>

<b>Field Name</b>	<b>Required or Optional</b>	<b>Information</b>
<b>Describe how your program will overcome the obstacles described in the previous question.</b>	Required	For any obstacles described in the previous response, describe here how your program will attempt to overcome the challenges.
<p><b>Describe any coordination between your program and other entities to deliver nutrition or supportive services, including any work your program does with:</b></p> <ul style="list-style-type: none"> <li><b>-other Tribal programs or departments (Health Department or others);</b></li> <li><b>-other Federal agencies or programs (IHS, USDA, VA, etc.);</b></li> <li><b>-any state or local government organizations-</b></li> <li><b>-any non-profit organizations.</b></li> </ul>	Required	Describe any efforts between your Title VI funded program and other tribal, government or non-profit programs.

Field Name	Required or Optional	Information
<p><b>Describe the structure of the Title VI program in your tribe/organization.</b></p> <p><b>Include:</b></p> <ul style="list-style-type: none"> <li><b>-where in your organization the Title VI Program is located (elder services, social services, health department, etc);</b></li> <li><b>-the number of full time staff, part time staff and volunteers your program uses;</b></li> <li><b>-how your program will communicate with the tribal fiscal contact/office.</b></li> </ul>	<p>Required</p>	<p>Briefly describe your program’s organizational structure, staffing levels and efforts to communicate with other tribal entities about Title VI finances.</p>
<p><b>Describe how your program will coordinate with OAA Title III service providers. Include:</b></p> <ul style="list-style-type: none"> <li><b>-whether your elders use any services provided by OAA Title III organizations, such as area agencies on aging;</b></li> <li><b>-whether your organization receives Title III funding;</b></li> <li><b>-descriptions of any past or upcoming coordinated trainings or meetings;</b></li> <li><b>-any other coordination with Title III-funded organizations.</b></li> </ul>	<p>Required</p>	<p>Describe how Title VI and Title III resources and services are coordinated within the Title VI service area.</p>

Field Name	Required or Optional	Information
<b>Describe any additional sources of funding that support your nutrition and/or supportive services programming.</b>	Required	Describe the source of any funding your program receives in addition to Title VI funding. This could include tribal funds, state funds, Title III funds, or other grant funds.
<b>Who certifies that your program's meals meet the nutritional requirements (DRIs, Dietary Goals for All Americans) specified in the Older Americans Act?</b>  <b>-Tribal Dietician</b>  <b>-IHS Dietician</b>  <b>-Contract Dietician</b>  <b>-Other (please specify)</b>	Required, select one.	Meals that are funded by Title VI grants must comply with the USDA/HHS Dietary Guidelines for Americans. Indicate how you ensure your program meets these guidelines.
<b>Does your tribe have a tribal veterans program for elders?</b>	Required	Choose Yes if your tribe has programming or a department dedicated to elder veterans.
<b>If you answered "yes" to the previous question, please describe your tribe's veterans program.</b>	Required if answer to previous question is "Yes."  Not applicable if answer to previous question is "No."	Describe any tribal efforts to assist elder veterans.

## CONGREGATE MEAL PROGRAM INFORMATION

**Congregate meals are meals provided to an eligible person\* at a nutrition site, senior center, or other congregate/group setting. The meal meets all the requirements of the Older Americans Act and State/Local laws, including complying with the USDA/HHS Dietary Guidelines for Americans. Meals must provide, if one meal is served, a minimum of 33.3% of the Dietary Reference Intakes (DRI) 66.6% if two meals are served for one day, and 100% if three meals are served for one day.**

**\*An eligible person is: an Elder; a spouse of an Elder; individuals providing volunteer services for the Title VI Program; and a non-Elder person with a disability who reside at home with and accompany an Elder to the meal, or who reside in housing facilities occupied primarily by older adults.**

Field Name	Required or Optional	Information
<b>Number of meal sites in service area (If you do not provide meals directly, state the organization that does provide meals in your service area.)</b>	Required	Enter the number of sites in your program's service area where congregate meals are served.
<b>Number of unduplicated elders (using the age of eligibility set by your tribe) or other eligible participants served annually at ALL meal sites in service area</b>	Required	Enter the estimated total number of eligible persons served one or more congregate meals annually.  Unduplicated elder means an elder counted only once a year for a service.
<b>Number of congregate meals your program will provide annually at ALL meal sites in service area</b>	Required	Enter the estimated total number of meals served annually in a congregate setting to eligible persons.
<b>How frequently will your program provide meals to eligible participants?</b>	Required	Select how often your program will serve congregate meals.

Field Name	Required or Optional	Information
<b>Dollar amount charged for a meal served to guests who are not eligible to participate in the program</b>	Required	Individuals who are not eligible to receive a meal under Title VI are required to pay the full cost of the meal. Enter the dollar amount charged to non-eligible meal participants.
<b>Does your program accept donations other than the voluntary donations received for the meals at the time of service?</b> -Yes -No	Required	Choose “Yes” if your program allows individuals or organizations to make donations to the Title VI program.
<b>If you answered “yes” to the previous question, describe the type of donations your program accepts.</b>	Required if answered “Yes” to previous question.  Not applicable if answered “No” to previous question.	Donations could include monetary donations, prepared foods, game/meat/fish, equipment, garden produce, berries, teas, herbs, wild plants, or others. Enter the type of donations here.
<b>Describe how your program ensures that meals appeal to program participants. (For instance, does your program conduct client satisfaction surveys?)</b>	Required	Describe any efforts that your program undertakes to determine if participants are satisfied with meals.

## HOME-DELIVERED MEAL PROGRAM INFORMATION

A home-delivered meal is one provided to a qualified\* eligible person in their place of residence. The meal meets all the requirements of the Older Americans Act and State/Local laws. Meals must comply with the USDA/HHS Dietary Guidelines for Americans; and provides, if one meal is served, a minimum of 33.3% of the Dietary Reference Intakes (DRI), 66.6% if two meals are served for one day, and 100% if three meals are served for one day.

An eligible person is: an Elder; a spouse of an Elder; volunteers providing services or support on behalf of an older individual; and a non-Elder person with a disability who reside at home with an Elder or who reside in housing facilities occupied primarily by older adults. The individual is qualified to receive a home-delivered meal if the person is frail, isolated, or homebound by reason of illness or incapacitating disability.

Field Name	Required or Optional	Information
<p><b>How will your program determine eligibility for home-delivered meals?</b></p> <p><b>-In-home assessment</b></p> <p><b>-Note from health care provider</b></p> <p><b>-Other (please specify)</b></p>	<p>Required</p>	<p>Describe how your program determines eligibility for home-delivered meals.</p>
<p><b>If you chose "In-home assessment" in the previous question, who will conduct the in-home assessment for your program?</b></p> <p><b>-Clinic staff</b></p> <p><b>-Dietician</b></p> <p><b>-Title VI staff</b></p> <p><b>-Tribal Social Services/Other Tribal Department</b></p> <p><b>-Other (please specify)</b></p>	<p>Required if answer to previous question was "In-home assessment".</p> <p>Select only one.</p>	

<b>Field Name</b>	<b>Required or Optional</b>	<b>Information</b>
<b>Number of unduplicated elders (using the age of eligibility set by your tribe) or other eligible participants who receive a home-delivered meal.</b>	Required	Enter the estimated annual total number of eligible persons served one or more home-delivered meals.  Unduplicated elder means an elder counted only once a year for a service.
<b>Number of home-delivered meals your program will provide annually.</b>	Required	Enter the estimated total number of meals delivered annually to eligible persons in their place of residence.
<b>How frequently will your program deliver meals to eligible participants?</b>  -Daily  -Weekly  -Monthly  -Other (please specify)	Required, select only one.	Enter the frequency of home-delivered meals.
<b>What is the mileage (one-way) to your program's furthest home-delivered meal client?</b>	Required	Enter the one-way mileage to the home-delivered meals client that lives furthest from your meal site.

Field Name	Required or Optional	Information
<p><b>What type of home-delivered meal will your program provide?</b></p> <ul style="list-style-type: none"> <li>-Hot meal</li> <li>-Frozen meal</li> <li>-Food packages/boxes</li> <li>-Emergency meals</li> <li>-Other (please specify)</li> </ul>	<p>Required, select all that apply.</p>	
<p><b>During harsh weather or when the meal site is closed for an emergency, will your program deliver meals to all elders?</b></p> <ul style="list-style-type: none"> <li>-Yes</li> <li>-No</li> <li>-Meals will be sent in advance for emergencies</li> <li>-Other (please specify)</li> </ul>	<p>Required, select only one</p>	
<p><b>Does your program provide home-delivered meals on a temporary and intermittent basis for individuals who are temporarily unable to access a meal site?</b></p> <ul style="list-style-type: none"> <li>-Yes</li> <li>-No</li> </ul>	<p>Required, select only one</p>	

## SUPPORTIVE SERVICES PROGRAM INFORMATION

Field Name	Required or Optional	Information
<p><b>Describe how your program will establish or maintain information and assistance services and how your program will ensure that elders will have reasonably convenient access to these services.</b></p>	<p>Required</p>	<p>Title VI grantees must provide information and assistance services to elders.            Information/Assistance is defined as a service that:</p> <ul style="list-style-type: none"> <li>-provides the individual with current information on opportunities and services available within their communities, including information relating to assistive technology;</li> <li>-assesses the problems and capacities of the individual;</li> <li>-links the individual to the opportunities and services that are available;</li> <li>-ensures that the individual receives the services needed and are aware of the opportunities available to them, by establishing adequate follow-up procedures; and</li> <li>-serves the entire community of older individuals.</li> </ul> <p>For example: Taking a call from an Elder or their caregiver and providing that person with information or a referral for services that they are eligible for through the tribe, state, or other organization. Another example is sitting down with an Elder and helping him/her fill out important forms.</p>

Field Name	Required or Optional	Information
<p><b>Which of the following supportive services will your program provide?</b></p> <ul style="list-style-type: none"> <li>-Case Management</li> <li>-Chore</li> <li>-Elder Abuse Prevention</li> <li>-Health Promotion and Wellness</li> <li>-Homemaker</li> <li>-Legal Assistance</li> <li>-Ombudsman</li> <li>-Outreach</li> <li>-Personal Care/Home Health Aide</li> <li>-Social Events</li> <li>-Telephoning</li> <li>-Transportation</li> <li>-Visiting</li> </ul>	<p>Required, select all that apply</p>	<p><b>Case Management</b> is defined as a service provided to an Elder, at the direction of the Elder or a family member or caregiver.</p> <ul style="list-style-type: none"> <li>-The service should be provided by a trained or experienced person with case or care management skills.</li> <li>-The service includes individual needs assessment, developing a service plan for, arranging, coordinating, and monitoring services to meet the needs of the Elder. The service should include periodic reassessment and revision based on the needs of the Elder.</li> </ul> <p>For example: Program staff sit down with an Elder to complete a client intake form to gather information about health and housing status, dietary needs. The completed client intake form is used to arrange services for the Elder.</p> <p><b>Chore</b> service is defined as performance of heavy household tasks provided in a person's home. Tasks may include yard work or sidewalk maintenance in addition to heavy housework; such as heavy cleaning, yard work, walk maintenance, minor home repair, wood chopping, hauling water, and other heavy-duty activities which the Elder(s) is unable to handle on their own and which do not require the services of a trained homemaker or other specialist.</p>

Field Name	Required or Optional	Information
		<p>For example: An individual/chore server going to an Elder’s residence to complete heavy yard work, shoveling snow, chopping wood or moving large furniture.</p> <p><b>Elder Abuse Prevention</b> is defined as any activities designed to protect elders from abuse, neglect or exploitation.</p> <p><b>Health Promotion and Wellness</b> is defined as activities conducted to improve the mental and physical health of persons, including walking groups, exercise classes, other types of recreation.</p> <p>For example: An exercise program like Silver Sneakers, Tai Chi Moving for Better Balance, Yoga, Personal Action Toward Health (PATH), etc.</p> <p><b>Homemaker</b> service is defined as Providing light housekeeping tasks in an Elder’s place of residence. Tasks may include but are not limited to preparing meals, shopping for personal items, laundry, managing money, or using the telephone in addition to other light housework.</p> <p>For example: An individual/homemaker going to the Elder’s residence to provide medication reminders, organize</p>

Field Name	Required or Optional	Information
		<p data-bbox="980 327 1370 443">closets/cabinets to make items within easy reach, pet care or taking out the garbage.</p> <p data-bbox="980 516 1414 1024"><b>Legal Assistance</b> is defined as legal advice and representation provided by an attorney to older individuals with economic or social needs as defined in the Older Americans Act, Sections 102(a)(23 and (24), , 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.</p> <p data-bbox="980 1104 1419 1356"><b>Ombudsman</b> Ombudsman services should be done in coordination with the state Office of the State Long-Term Care Ombudsman or local Ombudsman entities, or representatives of the Office.</p> <p data-bbox="980 1398 1419 1797">The Ombudsman program advocates for residents of nursing homes, board and care homes, assisted living facilities, and other similar adult care facilities. State Ombudsmen and their designated representatives work to resolve problems individual residents face and effect change at the local, state, and national levels to improve quality of care.</p>

Field Name	Required or Optional	Information
		<p><b>Outreach</b> is defined as conducting public outreach activities and providing information directed at individuals and groups to encourage potential Elders (or their caregivers) to use existing services and benefits.</p> <p>For example: Outreach activities may include but are not limited to a health fair booth, public announcements, public presentations, posts in newsletters, or other media sharing details about services and benefits available to Elders. Another example is a group presentation about services available to Elders by the tribe, state or other organization. The presentation may include informational handouts with names and phone numbers for services.</p> <hr/> <p><b>Personal Care/Home Health Aide</b> is defined as Providing assistance with Activities of Daily Living (ADLs) such as eating, dressing, and bathing, toileting, transferring in and out of bed/chair or walking. Assistance may also include health related tasks such as checking blood pressure and blood glucose and assistance with personal care. Personal care may include assistance with Instrumental Activities of Daily Living (IADLs) such as cleaning and maintaining the house,</p>

Field Name	Required or Optional	Information
		<p>managing money, preparing meals.</p> <p>For example: A trained individual/home health aide going to an Elder’s residence and assisting with a shower, changing clothes and brushing teeth.</p> <hr/> <p><b>Social Events</b> are defined as events involving a public performance or entertainment or function.</p> <p>For example: traditional festival, intergenerational social function, cultural function, holiday meal or Elder Appreciation Day, etc.</p> <hr/> <p><b>Telephoning</b> is defined as phoning in order to provide comfort or check up on the Elder.</p> <p>For example: Title VI staff calling an Elder, from the program phone or a cell phone, to provide a verbal check-in.</p> <hr/> <p><b>Transportation</b> is defined as services or activities that provide or arrange for travel, including travel costs of individuals from one location to another. This service may include escort or other appropriate assistance for a person who has difficulties using regular transportation.</p> <p>For example: A van picking up Elder(s) at their residence(s) and</p>

Field Name	Required or Optional	Information
		<p>driving them to the grocery store and post office.</p> <p><b>Visiting</b> services include going to see an Elder to reduce social isolation, wellness check (a visual check of an Elder to see if they need anything), etc. This would include visiting in a personal home. Visiting may include a minimum of 15 minutes talking with an Elder or an adequate amount of time to make an informed decision about the Elder’s well-being.</p> <p>For example: A Title VI van driver going to an Elder’s residence to visually check-in and ensure they are well and in good spirits.</p> <p><b>Other</b> is defined as any supportive service provided to elders that do not fall into the previously defined service categories.</p>
<p><b>If your program will provide legal assistance or ombudsman services, describe how your program will ensure the services are substantially in compliance with Title III of the Older Americans Act.</b></p>	<p>Required. If these services are not provided, indicate that in your response.</p>	<p>Legal assistance and ombudsman services may be provided, but are not required services under Title VI grants. See definitions above.</p>

## CAREGIVER PROGRAM INFORMATION

Title VI Part C grants are used to provide services to informal caregivers, who are defined as unpaid providers of in-home and community care. Caregivers may be family members, neighbors, friends, or others.

Field Name	Required or Optional	Information
<p><b>How many unduplicated caregivers to Elders or individuals of any age with Alzheimer’s disease and related disorders does your program plan to serve each year?</b></p>	<p>Required if applying for Part C funds.</p>	<p>Enter the unduplicated count of informal caregivers who:</p> <ul style="list-style-type: none"> <li>-Are 18 years or older; and</li> <li>-Provide services or support to an Elder(s) (tribally determined age) or an individual(s) of any age with Alzheimer’s disease and related disorders (such as dementia).</li> </ul> <p>For example: A family member of an Elder who is providing care to that Elder. This person might be a spouse, a son/daughter, niece/nephew, or other relation; they may also be a friend who provides care to the Elder.</p>
<p><b>How many unduplicated Elder caregivers caring for children under the age of 18 does your program plan to serve annually?</b></p>	<p>Required if applying for Part C funds.</p> <p>You may enter “0” if your program does not serve this population.</p>	<p>Enter the unduplicated count of informal caregivers who:</p> <ul style="list-style-type: none"> <li>-Are Elders; and</li> <li>-Provide care for a child or children not their own by birth or adoption; or</li> <li>-Are caring for a child or children under the age of 18.</li> </ul> <p>For example: Grandparent caring for a grandchild.</p>

Field Name	Required or Optional	Information
<p><b>How many unduplicated Elder caregivers providing care to adults 18-59 years old with disabilities does your program plan to serve annually?</b></p>	<p>Required if applying for Part C funds.</p> <p>You may enter “0” if your program does not serve this population.</p>	<p>Enter the unduplicated count of informal caregivers who:</p> <ul style="list-style-type: none"> <li>-Are Elders; and</li> <li>-Provide care to adults 18-59 years old with disabilities.</li> </ul> <p>An individual with a disability is defined by the Americans with Disabilities Act as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.</p> <p>For example: An Elder who is caring for their adult child with disabilities.</p>
<p><b>Describe how your program will deliver caregiver programming. Include a description of how your program will provide or coordinate with other organizations to provide the five required caregiver services (Information Service, Information &amp; Assistance, Counseling/Support Groups/Training, and Supplemental Service and Respite).</b></p>	<p>Required if applying for Part C funds.</p>	<p>Describe how these five services will be coordinated and provided in your service area. The services could be provided by your tribe using Title VI funds, or by another tribal department, or through coordination with Title III service providers/other state/federal providers.</p> <p>Additional space for a description of respite services is provided below.</p> <p>Service definitions are provided below.</p>

Field Name	Required or Optional	Information
		<p>An Information Service is defined as a public and media activity that conveys information to caregivers about available services, which can include an in-person interactive presentation to the public.</p> <p>For example: a booth/exhibit at a fair, conference, or other public event; and a radio, TV, or Web site event.</p> <hr/> <p>Information and Assistance is defined as a service that:</p> <ul style="list-style-type: none"> <li>-provides the individual with current information on opportunities and services available within their communities, including information relating to assistive technology;</li> <li>-assesses the problems and capacities of the individual;</li> <li>-links the individual to the opportunities and services that are available;</li> <li>-ensures that the individual receives the services needed and are aware of the opportunities available to them, by establishing adequate follow-up procedures; and</li> <li>-serves the entire community of caregivers.</li> </ul> <p>For example: Each person that staff or volunteers speak to about services for caregivers would be</p>

<b>Field Name</b>	<b>Required or Optional</b>	<b>Information</b>
		<p>considered information and assistance.</p> <p>Counseling is defined as a service designed to support caregivers and assist them in their decision-making and problem solving. Counselors are degreed service providers, trained to work with individuals, older adults and families and specifically understanding and addressing the complex physical, behavioral and emotional problems related to their caregiver roles. Informal counselors may also be used for this service. This includes counseling to individuals or group meetings. Counseling is a separate function apart from support group activities or training. The caregiver support services are eligible to those caring for older adults, persons with disabilities, or children not their own by birth or adoption.</p> <p>For example: A caregiver (aunt, uncle, neighbor) meeting with staff to ask for suggestions about self-care.</p>

Field Name	Required or Optional	Information
		<p>Support group is defined as a service that is led by an individual, moderator, or professional to facilitate caregivers to discuss their common experiences and concerns and develop a mutual support system. Support groups are typically held on a regularly scheduled basis and may be conducted in person, over the telephone, or online. Caregiver support groups would not include caregiver education/training group or other groups primarily aimed at teaching skills or meeting on an informal basis without a facilitator.</p> <p>For example: A gathering of two or more caregivers meeting in a room/space to talk and share. The group may be led by Title VI staff or another health professional..</p> <p>Caregiver training is defined as a service that provides family caregivers with instruction to improve knowledge and performance of specific skills relating to their caregiving roles and responsibilities. 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.</p>

Field Name	Required or Optional	Information
		<p>For example: The training topics may include methods to best support Elders or adults with disabilities to provide personal care or creating a personal budget.</p> <p>A Supplemental Service is defined as a service provided on a limited basis, to caregivers, such as Elders, children, adults with disabilities, Alzheimer's, to complement the care provided by caregivers. Examples of supplemental services include but are not limited to a lending closet, chair lifts, emergency response systems, incontinence supplies, home modifications (such as putting in hand rails or ramps), school supplies, etc.</p> <p>For example: Title VI staff arranging for the installation of a wheelchair ramp to the entrance of an Elder's front door. Other examples may be helping with chopping wood or snow clearing, providing consumable items such as incontinence supplies or even school uniforms.</p> <p>Service Categories for Supplemental Services are the following:</p>

Field Name	Required or Optional	Information
		<p>-Home Modification/Repairs: Putting in ramps or handrails into an Elder’s home.</p> <p>-Consumable Items: Incontinence supplies, Ensure, school supplies, uniforms for school or sports, cleaning supplies, etc...</p> <p>-Lending Closet: Clothing exchange; Durable Medical Equipment (chair lifts, wheelchairs, walkers, emergency response systems), anything lent on a short-term basis.</p> <p>-Financial Support: limited (emergency) help with utility bills</p> <p>-Homemaker/Chore/Personal Care Service: chopping wood, mowing a lawn, snow clearing.</p> <p>-Other</p>
<b>Describe any obstacles to caregiver service delivery that your program may encounter.</b>	Required if applying for Part C funds.	Obstacles to service delivery could include geographic or economic challenges. Describe the challenges faced by your program as it delivers caregiver services.
<b>Describe how your program will overcome the obstacles described in the previous question.</b>	Required if applying for Part C funds.	For any obstacles described in the previous response, describe here how your program will attempt to overcome the challenges.
<b>If your program coordinates with other programs or departments to deliver caregiver services, describe</b>	Required if applying for Part C funds.	Describe any coordination your program does to provide caregiver services.

Field Name	Required or Optional	Information
<b>who you partner with and for which services.</b>		
<b>Describe your respite program for caregivers to Elders or individuals of any age with Alzheimer’s disease and related disorders.</b>	Required if applying for Part C funds.	<p>Respite is defined as a service for caregivers which offers temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for the caregivers. Respite care is for the caregiver only.</p> <p>For example: Title VI staff coordinating respite care for a relative/family member to allow two or three hours off to travel to a nearby town for groceries. Another example is Title VI staff coordinating respite care for a family friend to allow for twenty-four or forty-eight hours away from the house to attend a conference or visit family out of town.</p>
<b>Describe your respite program for Elder caregivers caring for children under the age of 18.</b>	Required if applying for Part C funds.	If your organization will provide respite for elder caregivers who care for children under age 18, describe the type of respite care you will offer.