

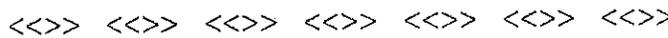
DRUMS ACROSS ONEIDA

Oneida Elder Services
2907 South Overland Rd.
Oneida, WI 54155
Ph: 920-869-2448
Fax: 920-869-1824

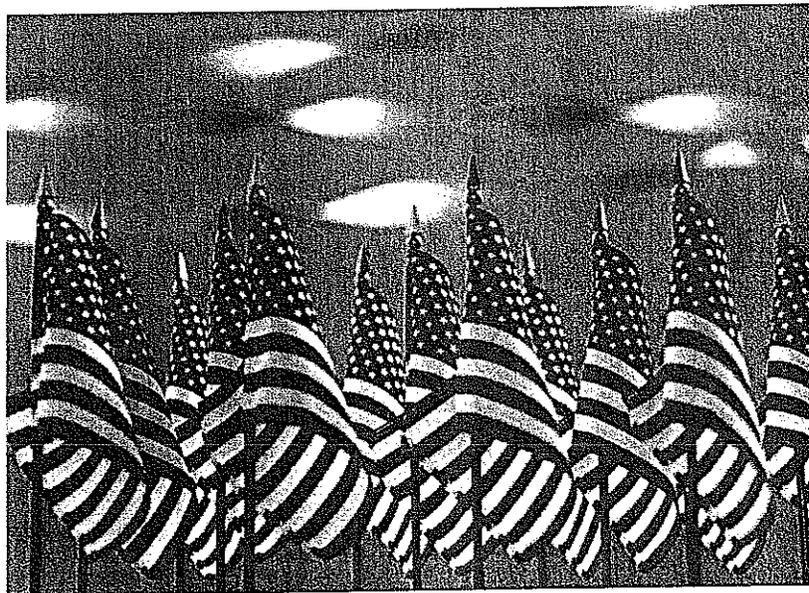


Senior Center-Meal Site
134 Riverdale Dr.
Oneida, WI 54155
Ph: 920-869-1551
Fax: 920-869-1526

Tsi? Nihuto·láts Wahní·tále? HuntingMoon November 2011



God Bless America



Veteran's Day
November 11, 2011

DRUMS CONTACT

Linda F. Douglas

Telephone: 920-869-2448 or 1-800-867-1551

Email ldouglas@oneidation.org

- Watch more movies, play more games and read more books than you did 2007
- Make time to pray and meditate. They provide us with daily fuel for our busy lives
- Spend time with people over 70 and under the age of 6
- Dream more while you are awake
- Try to make at least three people smile each day
- Clear clutter for you house and desk...let new and flowing energy into your life
- The best is yet to come

In preparing for battle I have always found that plans are useless,
but planning is indispensable.”

--Dwight D. Eisenhower

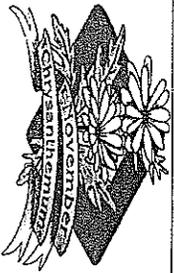
MENU

NOVEMBER

2011

ONEIDA SENIOR CENTER, 134 RIVERDALE DRIVE, ONEIDA, WI, 54155

PHONE : 1-920-869-1551

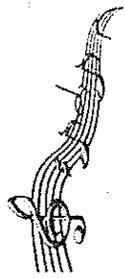


Monday	Tuesday	Wednesday	Thursday	Friday
7 Hot Dogs Macaroni & Cheese Buns Juice Orange, Apple & Pineapple Rings	8 Cheese Ravioli Salad Bread Sticks Juice Jell-o W/Fruit	9 Stuffed Peppers Mixed Vegetables Juice W/W Bread Applesauce	10 Chicken Alfredo Noodles Broccoli W/W Bread Whip & Chill	11 CLOSED VETERAN'S DAY Mixed Berries
14 Swedish Meatballs Noodles Carrots W/W Bread Sherbet	15 Corn Soup Fresh Bread Cheese & Crackers Juice Mixed Berries	16 Mastaccoli Salad Garlic Bread Juice Pears	17 BIRTHDAY DAY Turkey, Stuffing, Potatoes, Cranberries Dinner Rolls Pie	18 Fish Fries Cole Slaw W/W Bread Pudding
21 Kielbasa Sauerkraut Potatoes W/W Bread Juice Pineapple Tidbits	22 Chicken Gordon Blue Rice Pilaf California Blend Vegetables W/W Bread Blackberries	23 Pork Roast Mashed Potatoes Carrots W/W Bread Juice Ice Cream	24 CLOSED THANKSGIVING DAY	25 CLOSED INDIAN DAY
28 Ring Bologna Macaroni & Tomatoes Green Beans W/W Bread Pudding W/Bananas	29 Chicken Salad Croissants Tomatoes, Cucumbers, Lettuce, Cottage Cheese Jell-o Blackberries	30 Beef Roast Potatoes Mixed Vegetables W/W Bread Peaches	31 CLOSED CHRISTMAS DAY	
All meals are served with Coffee, milk, tea or water.				
Menu is subject to change.				
BIRTH STONE: TOPAZ FLOWER: CHRYSANTHEMUM				
HOURS: 8:00A.M.-4:30P.M. Lunch Is Served Monday-Friday 12:00P.M.-1:00P.M.				

NOVEMBER 2011 ACTIVITIES

Monday	Tuesday	Wednesday	Thursday	Friday
				*Activities are to change without notice.
	1 Crafts Elder Services 9:30 - 11:30	2 Cards Elder Services 9:30 Pace Exercise Elder Services 11:00 Bingo Hwy H 1:30	3 Goodwill Store Green Bay 9:30 Wii Bowling Hwy H 1:00	4 Banks, Shopping, Lunch Out (on your own) 10:00 - 3:00
7 Wii Bowling Elder Services 9:30 Pace Exercise Elder Services 11:00 Bingo Site II 1:00	8 Crafts Elder Services 9:30 - 11:30	9 Oneida Language Elder Services 9:30 Pace Exercise Elder Services 11:00 Bingo Hwy H 1:30	10 Banks, Shopping, Lunch Bowling Ashw. Lanes 1:30	11 NO ACTIVITIES OFF Veteran's Day
14 Scattergories Game Elder Services 9:30 Pace Exercise Elder Services 11:00 Bingo Senior Center 1:00	15 Crafts Elder Services 9:30 - 11:30	16 Qwirkle Game Elder Services 9:30 Pace Exercise Elder Services 11:00 Bingo Hwy H 1:30	17 Cooking Elder Service 9:30 Birthday Lunch 12:00 Wii Bowling Hwy H 1:00	18 Banks, Shopping, Lunch Out (on your own) 10:00 - 3:00
21 Wii Bowling Elder Services 9:30 Pace Exercise Elder Services 11:00 Bingo Site II 1:00	22 Crafts Elder Services 9:30 - 11:30	23 Banks, Shopping, Lunch Bingo Hwy H 1:30	24 NO ACTIVITIES OFF Thanksgiving	25 NO ACTIVITIES OFF Indian Day
28 Yahtzee Game Elder Services 9:30 Pace Exercise Elder Services 11:00 Bingo Senior Center 1:00	29 Crafts Elder Services 9:30 - 11:30	30 Oneida Language Elder Services 9:30 Pace Exercise Elder Services 11:00 Bingo Hwy H 1:30	*Please sign up for trips at Senior Center Main Office. *All trips leave from Senior Center.	
				*Is this your Birthday Month? *You must sign up in the Birthday Book at Senior Center, Main Office. *Must be present to receive your gift card.

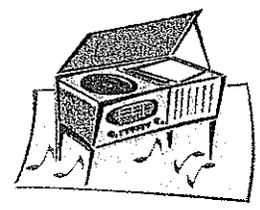
*If you have any questions Please call Michelle at 869 - 2448**



v	i	c	t	r	o	l	a	j	t	b	a	n	c	t	t	t
b	e	c	q	v	r	k	v	e	h	l	l	o	i	u	f	h
t	x	l	i	y	o	b	l	p	g	a	b	i	t	r	d	i
u	h	n	d	r	g	b	b	o	i	c	u	t	a	n	l	r
r	y	o	t	e	e	o	s	p	e	k	m	u	m	t	c	t
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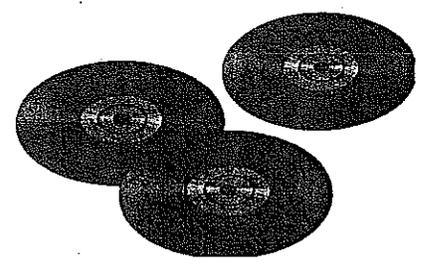
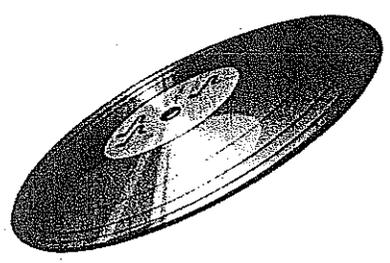


- | | | |
|------------|---------------|--------------|
| Album | Needle | Speaker |
| Arm | Old Fashioned | Spin |
| Audio | Phonograph | Stereo |
| Automatic | Pop | Technology |
| Bass | Record | Thirty-three |
| Black | Retro | Treble |
| Click | Revolution | Turntable |
| Forty-five | Round | Victrola |
| Grooves | RPM | Vinyl |
| Listening | Seventy-eight | |



To answer the trivia question, look for a word or phrase that is hidden in the puzzle, but not in the word list.

Trivia: Who is credited for inventing the first working phonograph?



YAWA·KO

Russell Metoxen, your donation

George Greendeer, your contribution

Mindimoye, for the tasty treats

Florence Petri, Director and Staff ~ Thank You



Winter Squash and Apple Bake

2 pounds butternut and buttercup squash, peeled and cut in ½ inch slices

2 or more cooking apples, peeled and cut in ½ inch slices

½ cup brown sugar

1 tablespoon flour

1 teaspoon salt

½ teaspoon mace

½ cup melted butter or margarine

Arrange squash in baking dish; put apple slices on top. Mix together brown sugar, flour, salt, mace and butter. Sprinkle over squash and apples. Cover with foil and bake at 350 degrees 1 hour or until done.



ELDER CHRISTMAS PARTY

FRIDAY; DECEMBER 16th, 2011

SENIOR CENTER - MEAL SITE

11:00 – 3:00

No Cost

** For Elders 55 and over; Elder must be able to assist themselves. Sorry no care givers.*

**Limited to the first 90 Elders.*

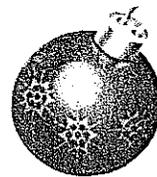
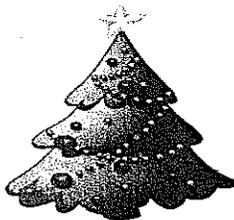
**Elders will need to sign up at the Senior Center - meal site.*

** No Children allowed.*

**Sign up will begin on November 7th, 2011 and Deadline is December 2nd, 2011 at 4:00.*

*****MUST BE PREREGISTERED, NO WALK INS
THE DAY OF EVENT*****

*Any questions or concerns please contact Joyce Hoes or Michelle Cottrell
at 869 – 2448.*





*Come to
Oneida Elder Services Gift Shop*

*Hand Crafted
Jewelry & Beadwork
Baskets*

Ribbon Shirts

Shawls

ALL HAND CRAFTED BY

ONEIDA ELDERS

Come in! Browse!

Oneida Singer Tapes & CD's

Leanin' Tree

Greeting Cards, Puzzles & Mugs

Open: Monday-Friday

8:00 am-4:30 pm

ONEIDA ELDER SERVICES

Initial Contact Form (ICF)

Standard Operating Procedures Approved February, 2011

Purpose:

To ensure Elder Services staff completes and follows-up on all ICF requests for services to be delivered, ensuring customer satisfaction. ICF approval and completion is dependant upon available funding.

Definitions:

1. ICF: Initial Contact Form – Work order for Elder Services.
2. SAMS: Systematic Advocacy Management System (SAMS) is a database that Oneida Elder Services uses.
3. Care Enrollment: Coding system in SAMS to determine what grant or other funding source will be used to pay for this service.
4. ICF summary report - monitoring document:
 - 4.1. Services Coordinator inputs each ICF into this document which includes when service is completed and customer satisfaction.
 - 4.2. Information used by Director for monthly report and by Supervisors to assist in monitoring.
5. Eligibility: Elders must live in Brown or Outagamie County. Other eligibility requirements may apply and are dependant on what service is requested. Please see individual service procedure for definition and eligibility for that service. Elders not eligible will be provided a list of resources that are available at cost to the individual with a letter of denial.
6. Elder Services Priority:
 - 6.1. 70+ highest priority
 - 6.2. 55 to 69 years who are disabled/handicapped (or have a serious health or safety issue) and living alone.
7. Supportive Services: Elder Services can provide up to **\$400.00** per request based on funding availability. Minimum eligibility requirements are: Must be Oneida, age 70+ and live within the Oneida Reservation boundaries. Other eligibility requirements may apply and are dependant on what service is requested. Please see individual service procedure for definition and eligibility for that service.
 - 7.1. Outside funding sources will be thoroughly exhausted and a referral will be made before Elder Services funds are used.
 - 7.2. All requests for vendor services must come through Elder Services. Elder Services will not be responsible for cost incurred by the customer unless we make the referral. The vendor name and “who is responsible for payment” will be clearly noted on the ICF.

8. Emergency Request: needs immediate assistance for a client's health and safety (causes damage, harm or adverse health effects for elder). Example furnace, electrical or plumbing problems could cause a health risk for the elder.
9. Service Coordinator: Position responsible for ICF receiving, distribution to proper supervisor, monitoring and follow-up. The person responsible in the absence of the Service Coordinator is the Administrative Assistant, Office Manager or assigned staff.
10. Client file: Original ICF and other related client information/forms related to each ICF are kept in the Service Coordinator office by client name.
11. Elder Services Enrollment form: document used for collection of demographic information.
12. Staff will contact client to make a scheduled appointment to complete any service requested. No staff will enter an Elders home without a scheduled appointment. Staff cannot enter a home without the client being home. Clients will be kept informed of any delays.

Work Standards:

1. Customer Satisfaction is our Primary Concern. Customers will be requested to be home while service is being completed so customer satisfaction signature can be received. *Staff will explain to client that this signature is client statement of satisfaction.* Client signature includes completing this area:

1.1.1.	Job completed to Your Satisfaction Yes ___ or No ___	
1.1.2.	Comments: _____	
1.1.3.	_____	_____
1.1.4.	Client Signature	Date

2. All service(s) requests must be initiated through Elder Services. Referrals are taken and these referrals will need to be confirmed with customer before proceeding.
3. Response to requests will be made as soon as possible and minimally within 5 working days from date of request. If action cannot be taken within 5 working days the supervisor will notify Elder Services Director and document on the ICF.
4. No information will be disclosed without a "Consent for Release of Information form" signed by client or his/her legal representative.
5. Denials are documented and waiting lists are established when applicable.
6. All information will be documented in clients file. "Follow-Up Sheet & Client Information" form is used for additional comments as needed.
7. All new client demographics are entered into SAMS by Service Coordinator. This is for best practices and coordination with accounting needs. No other staff will enter demographics into SAMS.
8. Complete all forms fully, legibly and write hard enough to go through all copies of the form.
9. Donation will be turned in to supervisor the same day accepted and noted on the ICF. Supervisor will send thank you and receipt to client within 3 business days.

Procedures

1. Service Coordinator receives a request for service.
2. Service Coordinator verifies if client is eligible and that Elder Services can complete the service requested.
 - 2.1. If eligible (see eligibility statement in 2.5) and Elder Services can provide the service requested continue on to next steps.
 - 2.2. If not eligible or we are not able to provide the service requested a referral will be made by Services Coordinator and no ICF completed. Denial and referral communicated to client (verbally and in writing) and documented in client file. Systematic Advocacy Management System (SAMS database) input completed by Service Coordinator for referral count.
 - 2.3. When request is for Elder Abuse or Elder Services Apartments – forward to the needed area for documentation – no ICF completed.
3. Service Coordinator complete top section of ICF (including write client current age next to Date of Birth (DOB) line and circle it) and go on to next step. NOTE: When a request is made on behalf of an elder, verification of the request will be made with the elder or legal guardian before proceeding.
4. Service Coordinator verifies that Assessment and Enrollment forms are complete and up-to date and ensures that client information (including Care Enrollment/funding source) is correct in SAMS.
 - 4.1. If documents are up to date (within one year) and SAMS is correct go to next step.
 - 4.2. If forms are not in place or up to date, inform client that an Assessment needs to be completed before any services can be started. Service Coordinator will complete top section of a separate ICF for an Assessment and send top two copies to Supervisor of Outreach staff. Pink ICF is held in Service Coordinator office until completed Assessment and Enrollment forms received with the white copy of the ICF (middle and bottom sections completed). Service Coordinator will input demographic and care enrollment information into SAMS. Continue on to next step with original request after this step complete.
 - 4.3. If emergency (deemed by Supervisor) or after hours, continue on to next step and complete this step (4.2) as soon as possible (same day or next working day).
5. Route ICF copies:
 - 5.1. White and yellow to Supervisor of appropriate area.
 - 5.2. Pink to Services Coordinator who will input into ICF summary report and hold to match white completed ICF (middle and bottom section completed to verify work complete).
6. Supervisor will assign staff to contact client the same day they receive the request.
7. Assigned staff will contact client to make an appointment for completion of ICF service requested. If request is received after 4 pm, the client will be contacted to see if request could be started the next working day. A decision will be made at this appointment regarding next steps.
 - 7.1. If request can be completed without cost: Assigned staff will complete the request, complete middle and bottom sections of ICF with customer signature of understanding

and satisfaction and give client the yellow copy of the ICF. Give white copy of ICF to Supervisor.

7.2. If request requires some cost to complete: Supervisor or assigned staff will communicate to client (verbally and note on the ICF) what costs are covered by Elder Services, what costs are client responsibility and the timeline for service to be completed. White copy of ICF retained by Supervisor.

7.2.1. Supervisor will contact vendor and verify when work is complete. Complete middle and bottom sections of ICF with customer signature of understanding and satisfaction. Give client the yellow copy of the ICF.

8. After customer signature on ICF - Supervisor will:

8.1. Complete follow-up call with customer, within 5 working days and document on ICF. If request is considered emergency the follow-up call will be made immediately after completed date of service.

8.2. Complete SAMS input with service delivery information.

8.3. Turn completed white copy of ICF in to Service Coordinator

9. Service Coordinator will:

9.1. Complete input into ICF summary report. If request was not completed within 5 working days that service date will be yellow highlighted in this document. Those not completed within 5 working days are monitored and addressed by Assistant Director.

9.2. Ensure follow-up call was made and make the follow-up call if needed. Document all information on the ICF.

9.3. File white copy in clients file and shred the matching pink copy.

Forms

1. ICF (3 part form)
2. ICF summary report
3. Letter of denial/referral
4. Elder Services Enrollment form
5. Consent for Release of Information Form
6. Follow-Up Sheet and Client Information form
7. Assessment form for Elder Services

For any questions contact:

Cheryl Ault
Service Coordinator
P. O. Box 395
Oneida, WI 54155
920-869-2448

Caregiver Support Group

Time: 1:30 P.M.-3:30 P.M.

Topic: "Sharing Your Past Thanksgiving Memories"

Date: Wednesday November 23, 2011

Place: Oneida Elder Services Complex

2907 South Overland Road

Oneida, WI 54155

Contact: Debi J. Melchert - Native American Family Caregiver/Coordinator

Oneida Elder Services

Phone: (920) 869-2448



Alzheimer's Support Group

Presenter: Beverly Bartlett, Outreach Specialist of Alzheimer's Association of Greater Wisconsin

Topic: Brain Healthy Lifestyle

Date: Tuesday November 22, 2011

Time: 12:00 – 1:00

Place: Meal Site / Senior Center

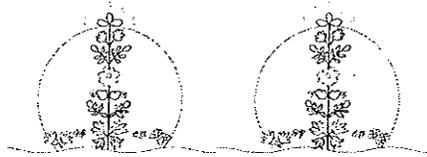
134 Riverdale Drive

Oneida, WI 54155

Contact: Debi J. Melchert - Native American Family Caregiver/Coordinator

Oneida Elder Services

Phone: (920) 869-2448



“Powerful Tools” for “Caregivers (PTC)Program”

Are you a Caregiver?

Topics we will cover include:

- Nov. 9th: “Taking care of YOU”
- Nov. 16th: “Identifying and Reducing Personal Stress”
- Nov. 23rd: “Communicating Feelings, Needs and Concerns”
- Nov. 30th: “Communicating in Challenging Situations”
- Dec. 7th: “Learning from our Emotions”
- Dec. 14th: “Mastering Caregiving Decisions”

The program is a 2½ - Hour training session over a 6-week course designed to Teach you, the Caregiver, How to Care for Yourself while caring for another.

DATE: Wednesday, November 9, 2011

TIME: 9:30 am – 12:00 pm

PLACE: Oneida Elder Services

2907 S. Overland Rd., Oneida, WI 54155

Lay Leaders: Debi Melchert & Sandra Summers

Must be registered for class and RSVP one week prior to class by

Wednesday Nov. 2, 2011 / For Caregivers Only

***** (No friends or family members allowed) *****

Call now to sign-up @ 920-869-2448

For Information please feel free to contact: Debi @ ext. 6834 or Sandra @ ext. 6835

(MUST HAVE 6 CAREGIVERS RESISTERED TO START CLASS)



UP CLOSE AND PERSONAL WITH:

Joyce Johnson

When you were a child, what did you think you would like to be?

A Nurse

Who or what has had the biggest influence in your Life?

My Dad

What do you consider to be your greatest accomplishment?

Graduating with a Bachelor Degree in Social Work

Is there something you have always wished you were great at doing?

Beading and Sewing

What is the best advice anyone ever gave you?

Do your best in what ever you do

What advice would you give to someone who is about to retire?

Stay up late – sleep in as late as you want and keep learning new things

What is your ideal vacation?

Going to Art Museums

Favorite Meal: T-bone steak or Salmon– baked potato – salad – vegetable –
homemade rolls

Favorite Music: 60's – Bee Gee's

Favorite Book: Anything written by John Gresham

Favorite Movie/Movies: Fiddler on the Roof – To Kill a Mocking Bird

Favorite Hobby/Hobbies: Reading, writing, poetry, making wreaths, computer games
and painting

HOME DELIVERED MEALS PROGRAM

TO: HOME BOUND ELDERLY

FROM: THE KITCHEN

We are asking that if you are not going to be home to receive your meal or if you are going to be eating at the Senior Center Meal Site please call to cancel your meal:

SENIOR CENTER (920-869-1551) by 9:00 a.m.

If you are not at home to receive your meals and do not call, more than three times in a week, we will have to re-evaluate to continue meals.

Thank you for your attention in this matter.

Sincerely,

Loretta Mencheski (HEAD COOK/SUPERVISOR)

Volunteers Wanted at Elder Services

- Volunteer must be 55 years or older
- Various services volunteer(s) will work in are:
 - Minor home repairs such as moving, grass cutting, snow removal
 - In home chore such as general housekeeping and organizing
 - Spending time with the Elder such as reading or visiting
 - Activities with elders such as games, cards or cooking
 - Meal Site assistance such as help in the kitchen, customer check in for meals or delivering Meals on Wheels (MOW=meals delivered to homebound elders).
 - Administrative such as filing, inventory, computer projects and general office work
- Volunteers may assist in Elder Services special events as requested
- Volunteers may assist in recruitment of new volunteers and promoting the volunteer program.
- Volunteers are not approved to handle any money transactions.

Supervisor receiving request will:

- Meet with volunteer to discuss if the duties and responsibilities are the best fit for both the supervisor and the volunteer.
- If supervisor and volunteer agree on responsibilities a Background Information Disclosure (BID) form will be completed and sent for approval
- Supervisor will complete, with the volunteer, the remaining Volunteer Program forms and the applicable forms from an Elder Services new employee packet

If you would like to volunteer please contact
Cheryl Ault at 869-2448 or 800-867-1551

Elder Financial Scams

Joyce Johnson, Elder Abuse Prevention Coordinator

Financial Fraud is a form of Elder Abuse

- Elders living alone are at high risk
- Scams can be perpetrated by a stranger or by someone you know
- Scams can occur by mail, phone, door to door sales or through emails and the internet

Is someone you care for being scammed?

Look for:

- Sudden changes in a person's finances
- Odd withdrawals from a checking, savings, or credit card account
- Abrupt changes to a will, power or attorney, or property title
- A large amount of mail magazines or packages
- Increasing phone calls or e-mails
- Secrecy, shame, or confusion about money issues

Don't make on the spot purchases!

- Investigate before you spend money on big purchases
- Contact the Better Business Bureau to confirm legitimacy
- Ask someone you trust for a second opinion
- Do not give money to someone who shows up at your door
- Be careful purchasing online and ask someone for help before any big purchases
- If you have to act immediately, then it is likely it is a "too good to be true" scam

If you suspect an elder is being scammed, call

Oneida Elder Abuse Prevention Coordinator

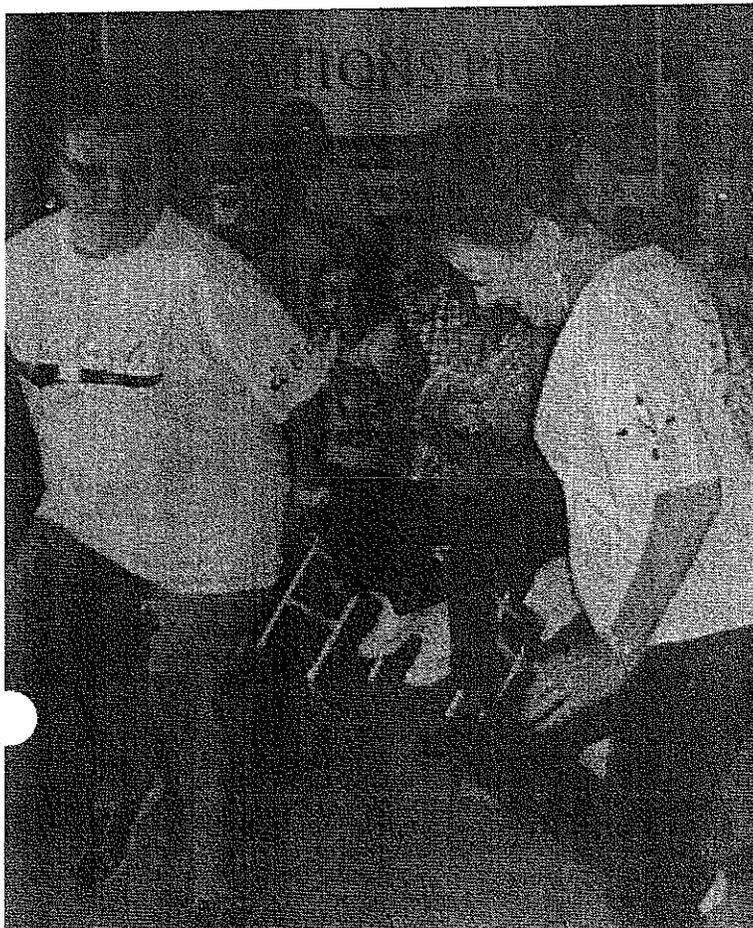
920- 869-2448

To sign up for the National Do Not Call Registry, go to www.donotcall.gov

Call toll free 1-888-382-1222

Four Nations Picnic August 26, 2011

Top picture - band. Middle left jiggging, Middle right Judges of jiggging contest are 4 Wisconsin Aging Directors, Bottom left more dancing, Bottom right sweet secrets being told



**ONEIDA ELDER SERVICES
ENROLLMENT FORM**

DATE: ___/___/___

NOTE: The State & Federal Governments have requested that we collect the following information on individuals who receive our services. The information may be used to justify continued funding of our programs.

Name _____ Phone Number () _____

Address _____ Social Security Number Last four digits / _____

City _____ State _____ Zip Code _____ County _____ DOB / / _____

OUR PROGRAM POLICY FOR SERVICES is as follows: 1) Elder aged 70 years and older. 2) Elders aged 55-69 years of age that are disabled/handicapped, living alone. 3) Elders aged 55-69 years of age, with health/safety issues. The elders that are listed are our priority.

Please check the appropriate responses:

Marital Status: ___ Married ___ Single ___ Widowed ___ Divorced

Maiden Name: _____

Veteran: ___ Yes ___ No

Living Arrangement: ___ Live Alone ___ Lives with Spouse ___ Lives with others* ___ How many

Do you: ___ Rent ___ Own

Race: ___ Native American ___ Caucasian ___ Latino ___ Asian ___ African American

Tribal Affiliation: _____ **Enrollment Number:** _____

General Health Status: ___ Excellent ___ Good ___ Fair ___ Poor*

***If Poor Please List Health Condition:** _____

Do You Currently Have Any of the Following?

Guardianship _____ Power of Attorney for Health _____ Power of Attorney for Finances _____

Representative Payee for Social Security _____ Medicare _____ Medicaid _____

In Case of an Emergency Contact: Name: _____

Phone Number: () _____

Relationship: _____

The above information is correct to the best of my knowledge. Any false statements on any part of the enrollment form are grounds for denial of services. All of the information on the enrollment form is confidential and will not be released to any persons unless I have signed an authorization form for release of information. This enrollment form becomes the property of the Oneida Elder Services.

_____/_____/_____

Please Return: Oneida Elder Services Complex
ATTEN: Service Coordinator
P.O. Box 365
Oneida, WI. 54155