

WYOMING COUNTY OFFICE FOR THE AGING SENIOR COURIER

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Editor: Mindy Anderson

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Mission Statement

Wyoming County Office for the Aging is dedicated to improving the health and well-being of individuals 60 and older by using a holistic approach to empower all seniors by promoting independence, dignity and respect through education, outreach and advocacy, and to provide quality services for those in need.

Notes from the Director: Andrea Aldinger

Could 2020 be any stranger? Schools are teaching in a way they never imagined, offices like ours are open but so cautious you need a mask and your temperature taken, Nursing Homes are closed to indoor visitors and we still can't go to parties with more than 50 people, go to a concert or a play – even the movie theatres and casino/race tracks are closed to spectators. I would rather we all be safe than sorry – but it still has made the world a strange place to live.

Our State Office for the Aging has been very open to the needs of the local OFA's, and has given us a chance to run our programs within a different set of parameters. We are still accountable to the state, but they are giving us more time to complete our assessments and do our reporting. Each year OFA's across the state who receive state and federal funds are required to have a Public Hearing. This is an opportunity for our community to hear about our programs and our budget. We welcome the public comments and questions. It's also meant to raise awareness among older adults, caregivers and service providers.

Routinely, The Wyoming County Office for the Aging has hosted a luncheon and we share the numbers of people we serve and the amount of money spent in all of our programs, including budget and programming for the following year. Unfortunately, as is the case with many public gatherings, we have decided it is not a good time to get people together in close proximity so we will not have our usual Public Hearing for 2020. Instead, we will put the information we would normally share in person, in writing, and ask if you have any questions or concerns that you please call us.

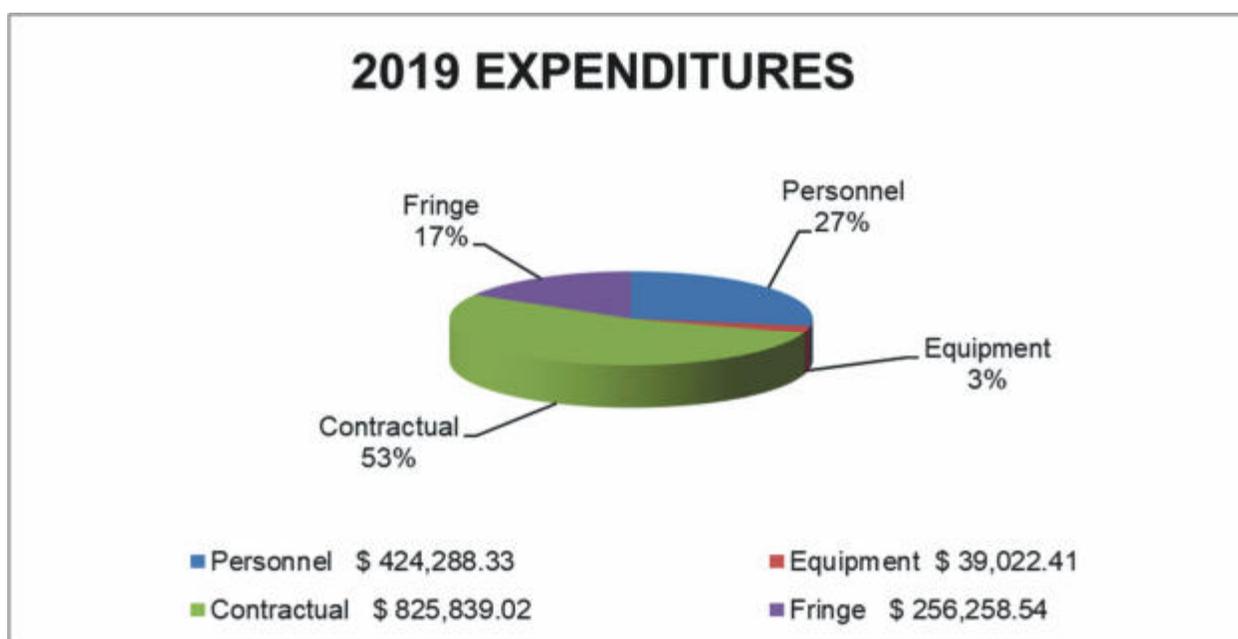
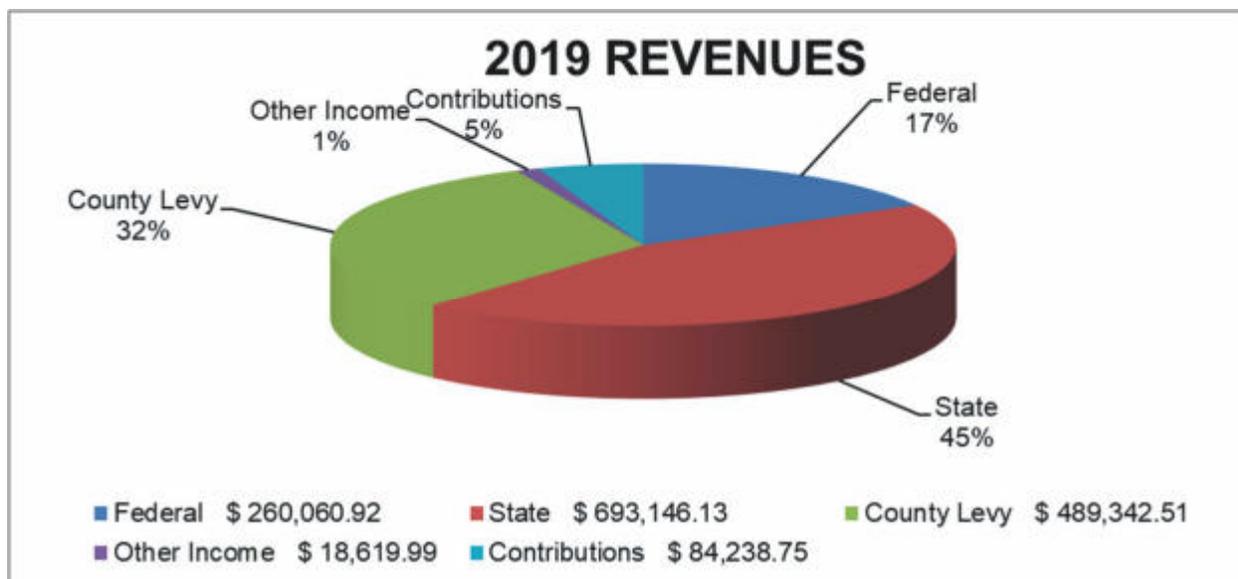
A message from Becky Ryan, Vice-chairman of the Wyoming County Board of Supervisors, is short and sweet this year. "It is going to be a struggle to keep all county programs and services in place. Our state and federal funding streams are "up in the air." Of course our hopes are that we can maintain the wonderful programs our Office for the Aging provides, and we will do our best to keep things in place, but we would be remiss if we did not mention that the 2021 county budget may look very different than in years past. We will be working with our Department Heads and our Budget Office to put forth the best possible budget we can."

On the upcoming pages, you will see our numbers for the year 2019. But keep in mind that those numbers have changed drastically since the pandemic has hit. Home Delivered meal numbers are up almost 80 meals per day and costs have skyrocketed. Even with all the needs increasing we are trying to keep our budget stable and not ask for additional county levy for 2021.

Please take the time to read over the information and call with questions. We will miss seeing all of you in person, and want to remind you that this is just a brief snippet in time. Keep yourself protected and safe and soon we will get back to business as usual.

The Wyoming County Office for the Aging was still able to continue to provide services to all those 60 and older who requested and met the eligibility requirements of the programs. In-home services such as; home delivered meals, aide service, respite, and personal response systems, allow residents to remain in their homes longer and to be a viable part of the community. It is proven that community based services are much more cost effective to the client as well as the tax payers of the county compared to institutionalizations.

Revenues over expenditures – take a look at the charts below. Our total budget for 2019 was \$1,545,408.30



The Nutrition Program continues to be a priority for our office. By providing nutritious meals to both the home bound and seniors at congregate meal sites, we assist in enabling the seniors to remain in the community longer. Along with providing meals to the seniors, our agency also provides nutritional education and counseling to the participants to increase their awareness of the importance of eating healthy.

Home Delivered Meals (\$400,961.73) and In-Home Aide services (\$205,666.27) continue to be our biggest program expense as they accounted for about 60% of the total. In 2019, OFA served:

	Number of Units	Number of People Served
Home Delivered Meals	58,586	457
Congregate Meals	5,452	202
In-Home Care Services	7,435	89
Case Management	2,354	589
Personal Emergency Response Buttons		127
One Way Transportation	1,155	149
Farmers Market Coupons		430
Health Insurance Counseling	3,058	1,103
Respite	4,824	35
Alzheimer's Caregiver Support	2,018	92
Legal Support	437	89
HEAP Applications		439

2021 County Budget: The 2021 County budget submission proved to be a difficult one. Departments were asked for a 0% increase. As always, programs such as Home Delivered Meals and In-home Care continue to be our biggest expense. Our budget was created using projected expenditures based upon current levels of service being provided. The COVID-19 pandemic has led to a large increase in our meal program rising from approximately 220 active participants to over 300. We do anticipate as we begin to return to pre-pandemic need, our meal numbers may decrease.

It is not a surprise that people are living longer and our census numbers of folks over 60+ are increasing. We are aware of the increase, and hoping that our projections will allow us to serve those needs in the upcoming years.



Nutrition Page

HEART HEALTH

Heart Disease is the **leading cause of death** for men, women, and people of most racial and ethnic groups in the United States. Over 600,000 Americans die from heart disease each year – that's **1 in every 4 deaths**. If you couple heart disease with diabetes, you now double to quadruple your risk of dying from it. There is good news and that is you can take steps to prevent heart disease or reduce your chances. Lifestyle changes, such as opting for healthful food choices, not smoking, including physical activity and taking medications as prescribed, can help.

Let's look at the ABCs of lowering the risk of coronary artery disease. Keep in mind the closer your numbers are to target range, the better it is. And, if you smoke, seek help to quit.

A is for A-1-C. The A1c value is the blood sugar check "with a memory". It will let you know your estimated average blood sugar level for the past 2 to 3 months. For those with diabetes, aim for an A1c of <7% or for a more tight control <6.5%.

B is for blood pressure. Current guideline recommendation is for blood pressure to be less than 130/80. When your blood pressure is high, your heart has to work harder than it should.

C is for cholesterol. Current target numbers are: Total cholesterol < 200, HDL (good cholesterol) >40 for women and >50 for men, and LDL (bad cholesterol) at <100. Triglycerides are another type of blood fat that if high, raises our risk of heart disease. The goal here would be <150. If you have already experienced a cardiac event or have uncontrolled diabetes your physician may set more stringent goals for you.

There are several things to implement to help you reach your ABC targets. **Make wise food choices.** When reading food labels opt for as little saturated and trans fats as possible. Choose lean meats and meat substitutes. Opt for low-fat dairy products. Include at least 5 servings of fruits and vegetables per day. Eat fish 2 to 3 times per week (choosing types that are high in heart-protective fat such as albacore tuna, herring, mackerel, rainbow trout, sardines, and salmon). Use low-fat cooking methods. Eat less salt/sodium. Reduce your intake of added sugars, processed foods and simple carbohydrates. **Be more physically active.** Always check with your doctor before starting a new routine. Make a plan – be specific -- when, how long, how often and type of activity. If you are just starting out, begin slowly and gradually add more time. **Take your medications.** You may have been prescribed medication to help control your blood pressure or cholesterol level. These medications can help to lower your risk of a heart attack and help you reach your ABC goals. **Quit (or don't start) smoking.** Smoking is a risk factor for many diseases or health issues. Talk with your health team if you are ready to quit. There are programs to help you reach this goal.

Know the Warning Signs of Heart Attack

Chest Discomfort – It may involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.

Discomfort in other areas of the upper body. Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.

Shortness of breath. This may occur with or without chest discomfort.

Other signs. These may include breaking out in a cold sweat, nausea or lightheadedness.

Keep in mind, women may present differently than men. **DO NOT WAIT.** Many feel it would be embarrassing to have a "false alarm". Others may tell themselves they couldn't possibly be having a heart attack. If you or someone close to you show signs of a heart attack – **Immediately call 9-1-1.** Time is precious and so are you.

To recap the steps you can take to reduce your risk of having a heart attack...

Don't smoke, and avoid second-hand smoke. Treat high blood pressure if you have it. **Eat foods that are low in saturated fat, trans fat, sodium (salt) and added sugars.** Be physically active. **Reach and maintain a healthy weight.** Control your blood sugar if you have diabetes. **Get regular medical check-ups.** Take medication as prescribed.

Submitted by Susan Schell, RD/CDE

Resource: American Heart Association, American Diabetes Association.

Do you or a loved one need Long Term Care Services?

There is help out there.

NY Connects helps connect you with the type of care needed, either in your home or a residential setting.

We provide information and assistance to help

- * Older adults to live independently for as long as possible
- * Younger adults after an injury or health crisis
- * Children living with a disability or chronic illness
- * Anyone, regardless of age, living with a disability

For free local resources for information and assistance contact:

585-786-6119, email: nyc@wyomingco.net



NY Connects
Your Link to Long Term
Services and Supports

of WYOMING COUNTY

(800) 342-9871 (585)786-6119



If you have any questions or concerns regarding the information provided in the Senior Courier or if we can be of assistance to you in any way, please contact the Wyoming County Office for the Aging at (585) 786-8833 or if long distance 1-800-836-0067.

Andrea Aldinger—Director

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Paula Beckstrand—Fiscal Officer

Kelli Goulet—Case Manager

Meredith Lindsey—Transportation Coordinator

Brandie Rajk-Winter—Case Manager

Susan Schell—Dietitian

REMINDER – Call for Appointments—

(585) 786-8833

We know many folks like to just drop by the office when they have a question or a concern. However, we would appreciate it if you would call to set up an appointment. This allows us to better prepare for your visit in getting the necessary paperwork or records pulled together. Further, it allows us to estimate the time necessary for the particular reason for your visit. That way we can give you the fullest attention to the matter and not be rushed by the clock. Therefore, it's always best to call and make an appointment so that we can give you the time and attention to serve you better.



Affordable Health
Care

We can help!

New York State of Health navigator services are available at the Office for the Aging. This service provides health insurance counseling to Seniors, age 60-64 that are not eligible for Medicare.

If you or your spouse are retiring and leaving employer health coverage, you can enroll in New York State of Health. If one is Medicare eligible and one is not, both can be counseled for health insurance coverage at the same visit.

Contact Darla at the Office for the Aging for more information, (585)786-8833.

Need Help Paying for Medicare?

Medicare Savings Programs (MSPs), also known as Medicare Buy-In programs, are programs that help pay your Medicare premiums and sometimes also coinsurance and deductibles. There are three main Medicare Savings Programs: Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB) and Qualifying Individual (QI) program. Each program has different eligibility limits.

Note: In New York State, the money you spend each month on health insurance premiums will not be counted towards your monthly income. If you pay for a Medigap or Medicare Advantage plan premium, you can deduct that amount from your monthly income to qualify for the MSP. Sometimes a portion of your Part D premium can also be deducted from your income. The Part B premium (the \$144.60 standard premium you pay monthly or is deducted from your Social Security check) will count toward your total income. This is because once you have the MSP, the Part B premium will be paid by the State, not you.

To apply, contact the Wyoming County Office for the Aging at (585) 786-8833.

2020 New York Gross Monthly Income Limits

2020 New York Asset Limits

Program	2020 New York Gross Monthly Income Limits		2020 New York Asset Limits	
	Individuals	Couples	Individuals	Couples
QI	\$1,456	\$1,960	No limit	No limit
SLMB	\$1,296	\$1,744	No limit	No limit
QMB	\$1,084	\$1,457	No limit	No limit
Medicaid	\$875	\$1,284	\$15,750	\$23,100

These income limits are based on 2020 federal poverty limits, and include a standard \$20 disregard. You may qualify even if your income is slightly higher. Ask a Medicare counselor about whether you can subtract certain expenses from your income.

If you decide to apply for a Medicare Savings Program, you will be asked to send an original, signed application and copies of these documents:

- * Social Security card
- * Medicare card
- * Proof of date of birth
- * Proof of address where you live
- * Proof of income



The Wyoming County Office for the Aging denies no person access to service or employment based upon age, race, national origin, sexual orientation and/or handicapped condition. Funding for the programs of the Wyoming County Office for the Aging is provided by the County of Wyoming, the State Office for the Aging, the United States Administration on Aging, and local contributions. The Wyoming County Office for the Aging does not endorse any agency or assess its ability or quality of services provided.

Your questions and comments are welcome. Please direct them to Mindy Anderson, Editor, at 8 Perry Avenue, Warsaw, New York 14569. Visit our web site at www.wyomingco.net, call us at (585) 786-8833 or e-mail us at officeaging@wyomingco.net.

Caregiver Corner

4 Red Flags to Look for During Holiday Visits With Seniors

[Gail M. Samaha](#), GMS Associates

Updated December 2, 2019

According to a systematic review of literature on long-distance caregiving published in the *Journal of Gerontological Social Work*, between five and seven million Americans provide physical, emotional, social, and financial assistance to aging loved ones from a distance. This means that a significant number of family caregivers rely on regular telephone conversations and check-ins by closer-living relatives or friends to gauge an aging loved one's well-being.

Unfortunately, age-related decline can happen quickly, and, in many cases, seniors are determined to conceal or downplay any new or worsening problems they may be having. For many families, holiday visits are the only opportunity they get all year to see aging loved ones in person, so it's important to pay close attention to their physical and mental health and their living situation.

During this year's holiday gatherings, be sure to look for the following warning signs that a loved one may need some extra help at home.

Signs of Age-Related Decline

- 1. Weight Loss** One of the most obvious signs of ill health is weight loss. Possible causes could include cancer, dementia, or depression. Seniors may also experience lower energy levels or fatigue, which can make it challenging to shop for and prepare nutritious meals and then clean up afterwards. Furthermore, an elder may consider all this effort unnecessary, especially if they live and eat alone. Certain medications and aging in general can also cause a reduction in appetite and change the way food tastes. If weight loss is evident, talk to your loved one about your concerns and schedule a doctor's appointment to address the issue.
- 2. Changes in Balance and Mobility** Pay close attention to the way your loved one moves and how they walk. A reluctance to walk, changes in gait or obvious pain during movement can be a sign of joint, muscle or neurological problems. If your loved one is unsteady on their feet, they may be at [risk of falling](#). According to the Centers for Disease Control and Prevention (CDC), an estimated three million people are treated at emergency departments each year for fall-related injuries like hip fractures. If you notice changes in a senior's mobility and coordination, make an appointment with their doctor to discuss options for keeping them safe and mobile, such as pain management, physical therapy, in-home care and mobility aids. If limited mobility is not addressed, fears of falling can cause seniors to withdraw and stop participating in daily activities both inside and outside the home. Be forewarned that minimized activity can actually cause elders to become frailer and even more susceptible to falls.
- 3. Fluctuations in Mood and Behavior** Keep an eye out for changes in your loved one's moods and behavior. You can't always gauge someone's emotional state over the telephone, even if you speak daily. Look for signs of depression and anxiety, including withdrawal from social activities, changes in sleep patterns, loss of interest in hobbies, and changes in basic home maintenance and personal hygiene. The latter can be an indicator of cognitive decline or other physical ailments like dehydration, which often happens to elders in

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the winter months and can be serious. If you notice sudden odd behavior in your loved one, such as confusion or agitation, be sure to seek medical attention immediately. These are common symptoms of a urinary tract infection (UTI), which is prevalent in seniors and easily resolved with antibiotics.

4. Changes in the Home Environment Attention must also be paid to a senior's surroundings. For instance, if your loved one has always been a stickler for tidiness and paying bills promptly, but you discover excess clutter and stacks of unopened mail while visiting, it indicates a problem. Take a walkthrough of their home while you're visiting to see if they are keeping the house to their usual standards. Be aware that sometimes the signs of trouble are a bit subtler. Scorched cookware could indicate that your loved one has forgotten food on the stove or in the oven. An overflowing hamper could mean they don't have the strength and/or desire to do laundry. Check the expiration dates on their [prescriptions](#) and over-the-counter medications and try to determine if they're taking their medications as prescribed. You know your loved one and their habits best, so go with your gut if something seems off.

How to Handle Signs of Decline

The issues explained above are the four most common signs of age-related decline that long-distance caregivers experience during visits with their loved ones, but there are others to look out for. You can view a comprehensive list here: [Signs a Senior Needs Help at Home](#).

While you may want to keep things light during the holiday season, do take this opportunity to address any red flags that you observe. Collect any necessary information while you are in town to avoid added frustration and confusion in the event of a crisis down the road.

The Initial Conversation

First, have a heart-to-heart conversation with your loved one about their present circumstances and both of your concerns. Suggest making an appointment with their primary care physician for a complete health assessment. The results of this evaluation will help you work together to determine what next steps are necessary to keep them safe, happy and healthy.

Identify Supportive Resources

If possible, pay a visit to the local [Area Agency on Aging](#) or department of human services for information on resources and services available in your loved one's community. It may be difficult to get in touch with these offices around the holidays, but it is still worth reaching out, leaving a message and researching the services they offer.

Sit down with your loved one to create a current list of people they interact with on a regular basis. This list should include other family members, friends, neighbors and clergy whom you can trust to keep an eye on your loved one and contact in the event of an emergency. Double check their home addresses, telephone numbers and email addresses, and be sure to share your own contact information with them.

Prepare a To-Do List

If you realize that your loved one is showing signs of needing help at home, now is the time to begin compiling a to-do list to be implemented over a period of future visits. This list consists of three main categories: medical, legal and financial.

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You'll want to develop a complete medical record for your loved one, including their health conditions, current prescriptions, and doctors' names and contact information. This is extremely helpful for you to have on file, and your loved one can keep a condensed copy on hand for both routine appointments and medical emergencies.

A financial list should contain information pertaining to all a loved one's property, debts, income, expenses, bank accounts and credit cards. Should you need to assume control of their finances over the short or long term, this list will help minimize confusion and ensure all their bills are paid on time.

The legal aspect of this to-do list is the most important. There are vital documents that must be obtained to ensure you can access your loved one's medical information, make medical and financial decisions if they become incapacitated, and administer their estate. If they have not already done so, it is crucial for your loved one to meet with an attorney to draw up medical and financial power of attorney documents and a will. As their caregiver, you should have access to these documents and other important information, such as their social security number, Medicare information, insurance policies, the deed to their home, and their driver's license.

These preparations may seem excessive, but it is better to be over-prepared than caught off guard when a loved one's care needs suddenly increase. Throughout this process, remember to empower them to control their own life as much as possible. You may receive some resistance, but remind your loved one that sharing this information and pursuing supportive resources will enable them to remain independent and safe in their own home for as long as possible and give you added peace of mind as you return home from your holiday visit.

Source: <https://www.agingcare.com/articles/holiday-visits-with-elderly-parents>

September is Suicide Prevention Month

Area supports to lend courage as we address this uncomfortable topic:

Wyoming County Crisis Line: 585-283-5200

Spectrum Emotional Support Text Line: 585-543-1015, 7:00-10:00 p.m.

Peers Together of Wyoming County Warm Line: 585-786-0080, Monday-Friday, 9:00-2:00

NY FarmNet: 800-547-3276

National Suicide Prevention Lifeline: 800-273-8255

National Crisis Text Line: Text 'HELP' to 741741

When it is darkest, we can see the stars. —Emerson

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What to Know About COVID Contact Tracing and Scams

By [Kathleen Doheny](#)

Aug. 24, 2020 -- COVID-19 contact tracing is important to slow the spread of the pandemic, public health officials know. In one modeling study, contact tracing, along with isolating people who are infected and placing everyone in their household in quarantine, decreased virus transmission by 64%.

But some people are refusing to help tracers notify close contacts of an infected person that they've been exposed to the virus.

In New Jersey, more than half of the people in the state called by contact tracers refused to cooperate. "Take the damn call," Gov. Phil Murphy pleaded.

In Rockland County, NY, officials issued subpoenas and threatened fines of \$2,000 a day to guests at a party who refused to cooperate with contact tracers after the host had tested positive for COVID-19. Ultimately, the guests complied and provided information.

Contributing to the problem are scammers posing as contact tracers.

Ignoring the legitimate calls is bad for everyone's health. "Contact tracers are giving you valuable information, that you might be at risk [of infection], that you might have exposed others," says Amesh Adalja, MD, senior scholar at the Johns Hopkins University Center for Health Security. And, he says, "the scam artists are making it much harder for public health officials to do their job."

How Contact Tracing Works; What to Expect

The concept of contact tracing isn't new with COVID-19. It's been used successfully for sexually transmitted diseases, tuberculosis, and smallpox, among other conditions.

When someone tests positive for COVID-19, the public health department is notified, and the contact tracer, usually working for the department, notifies the person. Mary Urtecho-Garcia, a contact tracer for the Pasadena, CA, Public Health Department, says she identifies herself by name and where she is calling from and asks the person to verify their identity. She can't assume they have received or looked at the results, so she asks that first. "Once they say yes, I ask how they are feeling," she says. And she offers resources.

She then asks the infected person about recent contacts to find potential exposures and help slow community spread. The CDC defines a close contact as anyone who was within 6 feet for at least 15 minutes of a person with confirmed or probable COVID-19. The contact had to occur anywhere from 2 days before the person became sick (or, for people without symptoms, 2 days before a positive specimen collection) until the time the person is isolated.

"We go back 2 weeks from the onset date [of symptoms], because that is the incubation period of the virus," Urtecho-Garcia says.

If someone declines to help, she says, they get marked down as "lost to followup," and written information about isolation and quarantine is sent to their home.

The contact tracer then takes the list of contacts and calls, texts, or emails those people to tell them about the exposure. For COVID-19, contact tracers are always racing against the clock. To slow the spread, they must reach people quickly. Under contact tracing practices issued by the CDC, a close contact to a confirmed or probable COVID-19 patient should be notified as soon as possible, hopefully within 24 hours. The person who tested positive for COVID-19 may also notify close contacts before the contact tracer does.

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When contact tracers call the people who were exposed to notify them, they should identify themselves by name, where they work, and why they are calling you, says Georges Benjamin, MD, executive director of the American Public Health Association. "They ought to be able to tell you where and under what circumstances [you were exposed]," he says.

Will the tracer tell you the patient's name?

"We only tell exposed people [the name of the infected person] with the permission of the positive person that gave us their information," Urtecho-Garcia says. "If the positive person is not comfortable, then we just let the exposed person know they were exposed and should get tested."

Not once in the 6 months she's been doing this has Urtecho-Garcia given the name of the infected person to someone else.

She says she leaves up to three voicemails for the infected person, always asking for a callback. If there is no reply, she sends a letter to explain the need to isolate themselves. She leaves at least two voicemails over a couple of days, or sometimes the same day for those who have been exposed, and then sends a letter about the need to isolate. "Depending on when they were exposed, we suggest they get tested."

Urtecho-Garcia says she does up to five interviews a day, as she has other duties with the Health Department. "Each interview plus reporting takes about an hour." And the job isn't always easy. "I've had people hang up on me," she says, "and then won't answer the next time I call." But most people cooperate, she says, "and they are very grateful to us for calling and checking on them."

Stopping the Scammers

The rise in scam callers claiming to be contact tracers has triggered alerts from the Federal Trade Commission and state attorneys general, among other agencies. The scammers may email, text, or call, according to an alert issued by California Attorney General Xavier Becerra in June. Scammers ask for much more information than a legitimate contact tracer, says another alert posted by the Montana Attorney General's Office. Here are some things scammers may ask for:

- Payment for contact tracing
- Social security number
- Bank account information
- Income
- Immigration status
- Health insurance information

Legitimate tracers will not ask for any of these.

If you answer a call from a number that is not familiar, Benjamin suggests asking for the person's name and who they work for. "Do a little research and call them back," he says. You can easily confirm that the number really is your local health department, for instance.

WebMD Health News Reviewed by [Brunilda Nazario, MD](#) on August 24, 2020



All About Autumn

T U R K E Y U M C S N I K P M U P I
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Word List:

APPLES
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 PEARS
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I'm Jacky Smith, a licensed sales representative in New York.

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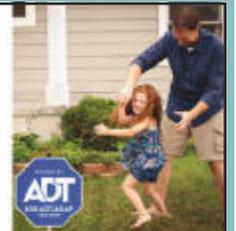


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THIS DAY IN HISTORY



October 1, 1880: Thomas Edison began the commercial production of electric lamps at Edison Lamp Works in Menlo Park, NJ.

October 18, 1767: The boundary between Maryland and Pennsylvania officially became known as the Mason-Dixon Line.

October 22, 1939: The first televised pro football game was telecast from New York. Brooklyn defeated Philadelphia 23-14.

October 25, 1955: The Tappan Company introduced the first microwave for home use.

October 29, 1945: The first commercial ballpoint pens went on sale at Gimbels department store in New York at the price of \$12.50 each.