


## SUBMITTAL PAGE

- ( ) 4-Year Plan for July 1, 2023 – June 30, 2027
- ( ) Area Plan Update for July 1, 2023 – June 30, 2027
- ( ) Area Plan Amendment (Date): \_\_\_\_\_

This Area Plan for programs on aging is hereby submitted for the Single parish planning and service area by Ouachita Area Agency on Aging. Ouachita Area Agency on Aging assumes full responsibility for implementation of this plan in accordance with requirements and regulations of the Older Americans Act (OAA); laws and rules of the State of Louisiana; and policies and procedures of the Governor's Office of Elderly Affairs.

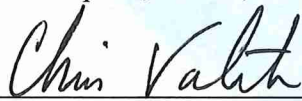
This plan includes all information, goals, objectives, and assurances required by the Governor's Office of Elderly Affairs' Area Plan on Aging format, and it is, to the best of my knowledge, complete and correct.


Signature:  Date: NOV 30, 2022  
Director, Area Agency on Aging

The Advisory Council of Ouachita Area Agency on Aging has participated in the development and final review of this Area Plan.

Signature:  Date: NOV. 30, 2022  
Chairperson, Advisory Council, Area Agency on Aging


The Board of Directors of the Ouachita Area Agency on Aging has reviewed this plan and Submittal Page. It is understood that approval covers all sections of this Plan and indicates satisfaction of the full board that the plan is complete, correct, and appropriately developed for the planning and service area.

Signature:  Date: NOV. 30, 2022  
Chairperson, Board of Directors

Signature:  Date: Nov 30, 2022  
Secretary, Board of Directors

Section 17: ASSURANCES  
cont'd

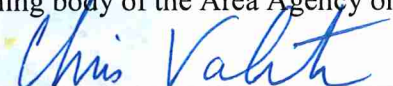
The Ouachita Area Agency on Aging agrees to adhere to the Assurances listed above in accordance with all rules and regulations specified under the Act, as amended, and are hereby submitted to the Governor's Office of Elderly Affairs.

Signature:  11/20/2022  
DIRECTOR, AREA AGENCY ON AGING DATE

The Area Agency on Aging Advisory Council has had the opportunity to review and comment on the Area Plan on Aging.

Signature:  11/20/2022  
CHAIRPERSON, ADVISORY COUNCIL DATE

The governing body of the Area Agency on Aging has reviewed and approved the Area Plan on Aging.

Signature:  11/28/2022  
CHAIRPERSON, BOARD OF DIRECTORS DATE

FORM HHS 690 (Assurance of Compliance)

Section 18

VERIFICATION OF INTENT

Ouachita Area Agency on Aging

This Area Plan on Aging for the period July 1, 2023, through June 30, 2027 includes all assurances and provisions required by the Older Americans Act Amendments (the Act).

The Area Agency on Aging identified will assume full authority to develop and administer the Area Plan in accordance with all requirements of the Act and related State policy. In accepting this authority the area agency agrees to be the leader relative to all aging issues on behalf of all older persons in the planning and service area (PSA). This means that the area agency shall proactively carry out, under the leadership of the Governor's Office of Elderly Affairs, a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring and evaluation designed to lead to the development and enhancement of a comprehensive and coordinated community based system to serve each community in the PSA. This system shall be designed to assist older persons in leading independent, meaningful lives in their own homes and communities as long as possible.

CERTIFICATION

This Area Plan on Aging has been developed in accordance with all rules and regulations specified under the Act, as amended, and is hereby submitted to the Governor's Office of Elderly Affairs for approval.

Signature: \_\_\_\_\_

Luthe Hudson  
DIRECTOR, AREA AGENCY ON AGING

11/20/2022  
DATE

The Area Agency on Aging Advisory Council has had the opportunity to review and comment on the Area Plan on Aging.

Signature: \_\_\_\_\_

Deputy M. Franklin  
CHAIRPERSON, ADVISORY COUNCIL

11/20/2022  
DATE

The governing body of the Area Agency on Aging has reviewed and approved the Area Plan on Aging.

Signature: \_\_\_\_\_

Chris Vaht  
CHAIRPERSON, BOARD OF DIRECTORS

11/20/2022  
DATE

# Board of Directors Roster

Agency Name: Ouachita Council on Aging, Inc.

Month/ Year: August 2022-2023

DATE REVISED/  
UPDATED:

Wednesday, August 24, 2022

ANNUAL  
MEETING:

X

SPECIAL  
ELECTION:

REGULAR MEETING:

Place an X in the appropriate space above for type of meeting taking place

I CERTIFY THAT THIS IS AN OFFICIAL ROSTER OF THE BOARD OF DIRECTORS AND OFFICERS OF THE

Ouachita Council on Aging, Inc.

(AGENCY) ELECTED IN ACCORDANCE WITH THE AGENCY'S BYLAWS.

[Signature]  
Board Secretary Signature

Mr. Arvin Vielman

Board Secretary (Name)

10/25/2022

Date

(1) NAME: <u>Mr. Tony LaMarca</u> ADDRESS: <u>2002 Rosedown Drive</u> CITY: <u>Monroe, La</u> ZIP CODE: <u>71201</u> DISTRICT: <u>C</u> PHONE #: <u>(318) 547-3330</u> AGE (60+?): <u>Yes</u> OCCUPATION: <u>Retired</u> E-MAIL: <u>tonylamarca42@gmail.com</u> Notes:		Temporary TERM: (complete Temporary TERM and Original Term Vacated info as applicable) From: <u>August 1, 2021</u> To: <u>August 2023</u> Date Temporary Replacement Member Elected _____ Month _____ Year _____ Original Term Vacated: _____ From: <u>August 2020</u> To: <u>August 2023</u> Month _____ Year _____ Month _____ Year _____ FIRST TERM: From: _____ To: _____ Month _____ Year _____ Month _____ Year _____ SECOND TERM: From: _____ To: _____ Month _____ Year _____ Month _____ Year _____ IF OFFICER, OFFICE HELD: _____ TERM OFFICE HELD: _____ From: _____ To: _____ Month _____ Year _____ Month _____ Year _____	
NOTE: If Member was elected to a Temporary Replacement Term, please complete the following:			
Resigned Board Member:	<u>Mr. Don Newton</u>	Original Elected Term for Resigned Member:	<u>August 2020</u> <u>August 2023</u>
Date Member Resigned:	<u>Aug 2021</u>	Election of Temporary Replacement Member Due/Term End:	<u>October 1, 2021</u> <u>August 2023</u>
May Be Ineligible for 2 FULL 3 YR Terms. Check with HCBS			
(2) NAME: <u>Mr. Claiborne Smelser</u> ADDRESS: <u>3817-A Morrison Drive</u> CITY: <u>Monroe, La</u> ZIP CODE: <u>71201</u> DISTRICT: <u>C</u> PHONE #: <u>(318) 366-1631</u> AGE (60+?): <u>No</u> OCCUPATION: <u>Bayou Desiard Country Club</u> E-MAIL: <u>csmelser@bayoudesiardcc.com</u> Notes:		Temporary TERM: (complete Temporary TERM and Original Term Vacated info as applicable) From: <u>August 1, 2018</u> To: <u>August 2020</u> Date Temporary Replacement Member Elected _____ Month _____ Year _____ Original Term Vacated: _____ From: <u>August 2017</u> To: <u>August 2020</u> Month _____ Year _____ Month _____ Year _____ FIRST TERM: From: <u>August 2020</u> To: <u>August 2023</u> Month _____ Year _____ Month _____ Year _____ SECOND TERM: From: _____ To: _____ Month _____ Year _____ Month _____ Year _____ IF OFFICER, OFFICE HELD: <u>Treasurer</u> TERM OFFICE HELD: <u>1st Term</u> From: <u>August 2022</u> To: <u>August 2023</u> Month _____ Year _____ Month _____ Year _____	
NOTE: If Member was elected to a Temporary Replacement Term, please complete the following:			
Resigned Board Member:	<u>Mr. Jim Greenlaw</u>	Original Elected Term for Resigned Member:	<u>August 2017</u> <u>August 2020</u>
Date Member Resigned:	<u>Aug 2018</u>	Election of Temporary Replacement Member Due/Term End:	<u>October 1, 2018</u> <u>August 2020</u>
May Be Ineligible for 2 FULL 3 YR Terms. Check with HCBS			
(3) NAME: <u>Mr. Chris Valentine</u> ADDRESS: <u>123 South Willow Bend</u> CITY: <u>Monroe, La</u> ZIP CODE: <u>71203</u> DISTRICT: <u>E</u> PHONE #: <u>318331-1479</u> AGE (60+?): <u>No</u> OCCUPATION: <u>Brookshire's Logistics</u> E-MAIL: <u>chrisvalentine@brookshires.com</u> Notes:		Temporary TERM: (complete Temporary TERM and Original Term Vacated info as applicable) From: _____ To: _____ Date Temporary Replacement Member Elected _____ Month _____ Year _____ Original Term Vacated: _____ From: _____ To: _____ Month _____ Year _____ Month _____ Year _____ FIRST TERM: From: <u>August 2017</u> To: <u>August 2020</u> Month _____ Year _____ Month _____ Year _____ SECOND TERM: From: <u>August 2020</u> To: <u>August 2023</u> Month _____ Year _____ Month _____ Year _____ IF OFFICER, OFFICE HELD: <u>President</u> TERM OFFICE HELD: <u>2nd Term</u> From: <u>August 2022</u> To: <u>August 2023</u> Month _____ Year _____ Month _____ Year _____	
NOTE: If Member was elected to a Temporary Replacement Term, please complete the following:			
Resigned Board Member:		Original Elected Term for Resigned Member:	
Date Member Resigned:		Election of Temporary Replacement Member Due/Term End:	

## Board of Directors Roster

Agency Name: **Ouachita Council on Aging, Inc.**

Month/ Year: **August 2022-2023**

<p>(4) NAME: <b>Ms. Tabitha Hendon</b></p> <p>ADDRESS: 109 Tamarack Circle</p> <p>CITY: West Monroe, LA</p> <p>ZIP CODE: 71291</p> <p>DISTRICT: <b>A</b></p> <p>PHONE #: (318) 376-8008</p> <p>AGE (60+?): No</p> <p>OCCUPATION: Vantage Health Plan</p> <p>E-MAIL: <a href="mailto:thendon@vhpla.com">thendon@vhpla.com</a></p> <p>Notes:</p>	<p><b>Temporary TERM:</b> (complete Temporary TERM and Original Term Vacated info as applicable)</p> <p>From: _____ To: _____</p> <p style="text-align: center;">Date Temporary Replacement Member Elected _____ Month _____ Year _____</p> <p style="text-align: center;"><b>Original Term Vacated:</b> _____</p> <p>From: _____ To: _____</p> <p style="text-align: center;">Month _____ Year _____ Month _____ Year _____</p> <p><b>FIRST TERM:</b></p> <p>From: <u>August</u> <u>2017</u> To: <u>August</u> <u>2020</u></p> <p style="text-align: center;">Month _____ Year _____ Month _____ Year _____</p> <p><b>SECOND TERM:</b></p> <p>From: <u>August</u> <u>2020</u> To: <u>August</u> <u>2023</u></p> <p style="text-align: center;">Month _____ Year _____ Month _____ Year _____</p> <p>IF OFFICER, OFFICE HELD: _____</p> <p>TERM OFFICE HELD: _____</p> <p>From: _____ To: _____</p> <p style="text-align: center;">Month _____ Year _____ Month _____ Year _____</p>
<p><b>NOTE: If Member was elected to a Temporary Replacement Term, please complete the following:</b></p>	
Resigned Board Member:	Original Elected Term for Resigned Member:
Date Member Resigned:	Election of Temporary Replacement Member Due/Term End:
<p><b>NOTE: If Member was elected to a Temporary Replacement Term, please complete the following:</b></p>	
<p>(5) NAME: <b>Ms. Darian Atkins</b></p> <p>ADDRESS: 200 Blue Heron Drive</p> <p>CITY: Monroe, La</p> <p>ZIP CODE: 71203</p> <p>DISTRICT: <b>E</b></p> <p>PHONE #: (318) 348-8991</p> <p>AGE (60+?): No</p> <p>OCCUPATION: LA Delta Community College</p> <p>E-MAIL: <a href="mailto:datkins@ladelta.edu">datkins@ladelta.edu</a></p> <p>Notes:</p>	<p><b>Temporary TERM:</b> (complete Temporary TERM and Original Term Vacated info as applicable)</p> <p>From: <u>August 1, 2021</u> To: <u>August</u> <u>2023</u></p> <p style="text-align: center;">Date Temporary Replacement Member Elected _____ Month _____ Year _____</p> <p style="text-align: center;"><b>Original Term Vacated:</b> _____</p> <p>From: <u>August</u> <u>2020</u> To: <u>August</u> <u>2023</u></p> <p style="text-align: center;">Month _____ Year _____ Month _____ Year _____</p> <p><b>FIRST TERM:</b></p> <p>From: _____ To: _____</p> <p style="text-align: center;">Month _____ Year _____ Month _____ Year _____</p> <p><b>SECOND TERM:</b></p> <p>From: _____ To: _____</p> <p style="text-align: center;">Month _____ Year _____ Month _____ Year _____</p> <p>IF OFFICER, OFFICE HELD: _____</p> <p>TERM OFFICE HELD: _____</p> <p>From: _____ To: _____</p> <p style="text-align: center;">Month _____ Year _____ Month _____ Year _____</p>
<p><b>NOTE: If Member was elected to a Temporary Replacement Term, please complete the following:</b></p>	
Resigned Board Member: <b>Mr. Rick Guillot</b>	Original Elected Term for Resigned Member: <b>August 2020</b> <b>August 2023</b>
Date Member Resigned: <b>Aug 2021</b>	Election of Temporary Replacement Member Due/Term End: <b>October 1, 2021</b> <b>August 2023</b>
<p><b>NOTE: If Member was elected to a Temporary Replacement Term, please complete the following:</b></p>	
<p>(6) NAME: <b>Ms. Jessica Bostic</b></p> <p>ADDRESS: 300 Frederick Street</p> <p>CITY: Monroe, La</p> <p>ZIP CODE: 71201</p> <p>DISTRICT: <b>C</b></p> <p>PHONE #: 3185474047</p> <p>AGE (60+?): No</p> <p>OCCUPATION: Northeast LA Food Bank</p> <p>E-MAIL: <a href="mailto:jessica_bostic@outlook.com">jessica_bostic@outlook.com</a></p> <p>Notes:</p>	<p><b>Temporary TERM:</b> (complete Temporary TERM and Original Term Vacated info as applicable)</p> <p>From: _____ To: _____</p> <p style="text-align: center;">Date Temporary Replacement Member Elected _____ Month _____ Year _____</p> <p style="text-align: center;"><b>Original Term Vacated:</b> _____</p> <p>From: _____ To: _____</p> <p style="text-align: center;">Month _____ Year _____ Month _____ Year _____</p> <p><b>FIRST TERM:</b></p> <p>From: <u>August</u> <u>2021</u> To: <u>August</u> <u>2024</u></p> <p style="text-align: center;">Month _____ Year _____ Month _____ Year _____</p> <p><b>SECOND TERM:</b></p> <p>From: _____ To: _____</p> <p style="text-align: center;">Month _____ Year _____ Month _____ Year _____</p> <p>IF OFFICER, OFFICE HELD: _____</p> <p>TERM OFFICE HELD: _____</p> <p>From: _____ To: _____</p> <p style="text-align: center;">Month _____ Year _____ Month _____ Year _____</p>
<p><b>NOTE: If Member was elected to a Temporary Replacement Term, please complete the following:</b></p>	
Resigned Board Member:	Original Elected Term for Resigned Member:
Date Member Resigned:	Election of Temporary Replacement Member Due/Term End:



## Board of Directors Roster

Agency Name: Ouachita Council on Aging, Inc.

Month/ Year: August 2022-2023

<p>(7) NAME: <b>Mr. Pat Regan</b></p> <p>ADDRESS: 119 Gretchen's Walk</p> <p>CITY: West Monroe, LA</p> <p>ZIP CODE: 71291</p> <p>DISTRICT: <b>A</b></p> <p>PHONE #: (318) 801-9138</p> <p>AGE (60+?): Yes</p> <p>OCCUPATION: Retired</p> <p>E-MAIL: patregan1@bellsouth.net</p> <p>Notes:</p>	<p><b>Temporary TERM:</b> (complete Temporary TERM and Original Term Vacated info as applicable)</p> <p>From: August 1, 2022 To: August 2024</p> <p style="text-align: center;">Date Temporary Replacement Member Elected Month Year</p> <p style="text-align: center;"><b>Original Term Vacated:</b></p> <p>From: August 2021 To: August 2024</p> <p style="text-align: center;">Month Year Month Year</p> <p><b>FIRST TERM:</b></p> <p>From: Month Year To: Month Year</p> <p><b>SECOND TERM:</b></p> <p>From: Month Year To: Month Year</p> <p>IF OFFICER, OFFICE HELD: _____</p> <p>TERM OFFICE HELD: _____</p> <p>From: Month Year To: Month Year</p>
<p><b>NOTE: If Member was elected to a Temporary Replacement Term, please complete the following:</b></p>	
<p>Resigned Board Member: Wyche Ashcraft</p> <p>Date Member Resigned: August 2022</p>	<p>Original Elected Term for Resigned Member: August 2021 August 2024</p> <p>Election of Temporary Replacement Member Due/Term End: October 1, 2022 August 2024</p> <p><b>May Be Ineligible for 2 FULL 3 YR Terms. Check with HCBS</b></p>
<p>(8) NAME: <b>Mr. Arvin Vielman</b></p> <p>ADDRESS: 216 Monarch Drive</p> <p>CITY: Monroe, La</p> <p>ZIP CODE: 71203</p> <p>DISTRICT: <b>E</b></p> <p>PHONE #: (318) 884-5159</p> <p>AGE (60+?): No</p> <p>OCCUPATION: SCS Unloading</p> <p>E-MAIL: avielman@scsunloading.com</p> <p>Notes:</p>	<p><b>Temporary TERM:</b> (complete Temporary TERM and Original Term Vacated info as applicable)</p> <p>From: To: Month Year</p> <p style="text-align: center;">Date Temporary Replacement Member Elected Month Year</p> <p style="text-align: center;"><b>Original Term Vacated:</b></p> <p>From: Month Year To: Month Year</p> <p><b>FIRST TERM:</b></p> <p>From: August 2018 To: August 2021</p> <p style="text-align: center;">Month Year Month Year</p> <p><b>SECOND TERM:</b></p> <p>From: August 2021 To: August 2024</p> <p style="text-align: center;">Month Year Month Year</p> <p>IF OFFICER, OFFICE HELD: <b>Secretary</b></p> <p>TERM OFFICE HELD: <b>1st Term</b></p> <p>From: August 2022 To: August 2023</p> <p style="text-align: center;">Month Year Month Year</p>
<p><b>NOTE: If Member was elected to a Temporary Replacement Term, please complete the following:</b></p>	
<p>Resigned Board Member:</p> <p>Date Member Resigned:</p>	<p>Original Elected Term for Resigned Member:</p> <p>Election of Temporary Replacement Member Due/Term End:</p>
<p>(9) NAME: <b>Mr. Junot Dixon</b></p> <p>ADDRESS: 4210 Ava Lane</p> <p>CITY: Monroe, La</p> <p>ZIP CODE: 71201</p> <p>DISTRICT: <b>F</b></p> <p>PHONE #: (318) 376-4442</p> <p>AGE (60+?): Yes</p> <p>OCCUPATION: Retired</p> <p>E-MAIL: junotd@icloud.com</p> <p>Notes:</p>	<p><b>Temporary TERM:</b> (complete Temporary TERM and Original Term Vacated info as applicable)</p> <p>From: To: Month Year</p> <p style="text-align: center;">Date Temporary Replacement Member Elected Month Year</p> <p style="text-align: center;"><b>Original Term Vacated:</b></p> <p>From: Month Year To: Month Year</p> <p><b>FIRST TERM:</b></p> <p>From: August 2018 To: August 2021</p> <p style="text-align: center;">Month Year Month Year</p> <p><b>SECOND TERM:</b></p> <p>From: August 2021 To: August 2024</p> <p style="text-align: center;">Month Year Month Year</p> <p>IF OFFICER, OFFICE HELD: _____</p> <p>TERM OFFICE HELD: _____</p> <p>From: Month Year To: Month Year</p>
<p><b>NOTE: If Member was elected to a Temporary Replacement Term, please complete the following:</b></p>	
<p>Resigned Board Member:</p> <p>Date Member Resigned:</p>	<p>Original Elected Term for Resigned Member:</p> <p>Election of Temporary Replacement Member Due/Term End:</p>

## Board of Directors Roster

Agency Name: **Ouachita Council on Aging, Inc.**

Month/ Year: **August 2022-2023**

<p>(10) NAME: <b>Ms. Kara Jenkins</b></p> <p>ADDRESS: 127 York Drive</p> <p>CITY: <b>Monroe, La</b></p> <p>ZIP CODE: <b>71203</b></p> <p>DISTRICT: <b>D</b></p> <p>PHONE #: <b>(318) 816-0872</b></p> <p>AGE (60+?): <b>No</b></p> <p>OCCUPATION: <b>Monroe Housing Authority</b></p> <p>E-MAIL: <b>jenkinsk@monroeha.com</b></p> <p>Notes:</p>	<p><b>Temporary TERM:</b> (complete Temporary TERM and Original Term Vacated info as applicable)</p> <p>From: _____ To: _____</p> <p style="text-align: center;">Date Temporary Replacement Member Elected _____ Month _____ Year _____</p> <p style="text-align: center;"><b>Original Term Vacated:</b> _____</p> <p>From: _____ To: _____</p> <p style="text-align: center;">Month _____ Year _____ Month _____ Year _____</p> <p><b>FIRST TERM:</b></p> <p>From: <b>August 2018</b> To: <b>August 2021</b></p> <p style="text-align: center;">Month _____ Year _____ Month _____ Year _____</p> <p><b>SECOND TERM:</b></p> <p>From: <b>August 2021</b> To: <b>August 2024</b></p> <p style="text-align: center;">Month _____ Year _____ Month _____ Year _____</p> <p>IF OFFICER, OFFICE HELD: <b>Vice President</b></p> <p>TERM OFFICE HELD: <b>2nd Term</b></p> <p>From: <b>August 2022</b> To: <b>August 2023</b></p> <p style="text-align: center;">Month _____ Year _____ Month _____ Year _____</p>
<p><b>NOTE: If Member was elected to a Temporary Replacement Term, please complete the following:</b></p>	
Resigned Board Member: _____	Original Elected Term for Resigned Member: _____
Date Member Resigned: _____	Election of Temporary Replacement Member Due/Term End: _____
<p>(11) NAME: <b>Mr. Kailand Smith</b></p> <p>ADDRESS: 169 Paula Drive, Apt. 1</p> <p>CITY: <b>West Monroe, LA</b></p> <p>ZIP CODE: <b>71291</b></p> <p>DISTRICT: <b>B</b></p> <p>PHONE #: <b>(318) 331-2431</b></p> <p>AGE (60+?): <b>No</b></p> <p>OCCUPATION: <b>Social Security Office in Monroe</b></p> <p>E-MAIL: <b>kailandosmith@gmail.com</b></p> <p>Notes:</p>	<p><b>Temporary TERM:</b> (complete Temporary TERM and Original Term Vacated info as applicable)</p> <p>From: _____ To: _____</p> <p style="text-align: center;">Date Temporary Replacement Member Elected _____ Month _____ Year _____</p> <p style="text-align: center;"><b>Original Term Vacated:</b> _____</p> <p>From: _____ To: _____</p> <p style="text-align: center;">Month _____ Year _____ Month _____ Year _____</p> <p><b>FIRST TERM:</b></p> <p>From: <b>August 2022</b> To: <b>August 2025</b></p> <p style="text-align: center;">Month _____ Year _____ Month _____ Year _____</p> <p><b>SECOND TERM:</b></p> <p>From: _____ To: _____</p> <p style="text-align: center;">Month _____ Year _____ Month _____ Year _____</p> <p>IF OFFICER, OFFICE HELD: _____</p> <p>TERM OFFICE HELD: _____</p> <p>From: _____ To: _____</p> <p style="text-align: center;">Month _____ Year _____ Month _____ Year _____</p>
<p><b>NOTE: If Member was elected to a Temporary Replacement Term, please complete the following:</b></p>	
Resigned Board Member: _____	Original Elected Term for Resigned Member: _____
Date Member Resigned: _____	Election of Temporary Replacement Member Due/Term End: _____
<p>(12) NAME: <b>Mr. Tim Jones</b></p> <p>ADDRESS: 3100 Deborah Drive, Apt. 46</p> <p>CITY: <b>Monroe, La</b></p> <p>ZIP CODE: <b>71201</b></p> <p>DISTRICT: <b>C</b></p> <p>PHONE #: <b>(318) 348-1301</b></p> <p>AGE (60+?): <b>No</b></p> <p>OCCUPATION: <b>Vantage Health Plan</b></p> <p>E-MAIL: <b>tejones@vhpla.com</b></p> <p>Notes:</p>	<p><b>Temporary TERM:</b> (complete Temporary TERM and Original Term Vacated info as applicable)</p> <p>From: _____ To: _____</p> <p style="text-align: center;">Date Temporary Replacement Member Elected _____ Month _____ Year _____</p> <p style="text-align: center;"><b>Original Term Vacated:</b> _____</p> <p>From: _____ To: _____</p> <p style="text-align: center;">Month _____ Year _____ Month _____ Year _____</p> <p><b>FIRST TERM:</b></p> <p>From: <b>August 2019</b> To: <b>August 2022</b></p> <p style="text-align: center;">Month _____ Year _____ Month _____ Year _____</p> <p><b>SECOND TERM:</b></p> <p>From: <b>August 2022</b> To: <b>August 2025</b></p> <p style="text-align: center;">Month _____ Year _____ Month _____ Year _____</p> <p>IF OFFICER, OFFICE HELD: _____</p> <p>TERM OFFICE HELD: _____</p> <p>From: _____ To: _____</p> <p style="text-align: center;">Month _____ Year _____ Month _____ Year _____</p>
<p><b>NOTE: If Member was elected to a Temporary Replacement Term, please complete the following:</b></p>	
Resigned Board Member: _____	Original Elected Term for Resigned Member: _____
Date Member Resigned: _____	Election of Temporary Replacement Member Due/Term End: _____

## Board of Directors Roster

Agency Name: **Ouachita Council on Aging, Inc.**

Month/ Year: **August 2022-2023**

<p>(13) NAME: <b>Ms. Heather Bice</b></p> <p>ADDRESS: 130 North Willow Bend CITY: Monroe, La ZIP CODE: 71203 DISTRICT: <b>C</b> PHONE #: (318) 372-0369 AGE (60+?): No OCCUPATION: Progressive Bank E-MAIL: Hbice@progressivebank.com</p> <p>Notes: Heather Bice used to be Heather Jones</p>	<p><b>Temporary TERM:</b> (complete Temporary TERM and Original Term Vacated info as applicable)</p> <p>From: _____ To: _____ Date Temporary Replacement Member Elected _____ Month _____ Year _____</p> <p><b>Original Term Vacated:</b> _____</p> <p>From: _____ To: _____ Month _____ Year _____ Month _____ Year _____</p> <p><b>FIRST TERM:</b> From: August 2019 To: August 2022 Month _____ Year _____ Month _____ Year _____</p> <p><b>SECOND TERM:</b> From: August 2022 To: August 2025 Month _____ Year _____ Month _____ Year _____</p> <p>IF OFFICER, OFFICE HELD: _____ TERM OFFICE HELD: _____</p> <p>From: _____ To: _____ Month _____ Year _____ Month _____ Year _____</p>
<p><b>NOTE: If Member was elected to a Temporary Replacement Term, please complete the following:</b></p>	
Resigned Board Member: _____	Original Elected Term for Resigned Member: _____
Date Member Resigned: _____	Election of Temporary Replacement Member Due/Term End: _____
<p>(14) NAME: <b>Mr. George Pate</b></p> <p>ADDRESS: 2001 Old Sterlington Rd., Lot 1 CITY: Sterlington, La ZIP CODE: 71280 DISTRICT: <b>C</b> PHONE #: (318) 366-3479 AGE (60+?): Yes OCCUPATION: Retired E-MAIL: george.pate@gmail.com</p> <p>Notes:</p>	<p><b>Temporary TERM:</b> (complete Temporary TERM and Original Term Vacated info as applicable)</p> <p>From: _____ To: _____ Date Temporary Replacement Member Elected _____ Month _____ Year _____</p> <p><b>Original Term Vacated:</b> _____</p> <p>From: _____ To: _____ Month _____ Year _____ Month _____ Year _____</p> <p><b>FIRST TERM:</b> From: August 2019 To: August 2022 Month _____ Year _____ Month _____ Year _____</p> <p><b>SECOND TERM:</b> From: August 2022 To: August 2025 Month _____ Year _____ Month _____ Year _____</p> <p>IF OFFICER, OFFICE HELD: _____ TERM OFFICE HELD: _____</p> <p>From: _____ To: _____ Month _____ Year _____ Month _____ Year _____</p>
<p><b>NOTE: If Member was elected to a Temporary Replacement Term, please complete the following:</b></p>	
Resigned Board Member: _____	Original Elected Term for Resigned Member: _____
Date Member Resigned: _____	Election of Temporary Replacement Member Due/Term End: _____
<p>(15) NAME: <b>Ms. Tricia Burden</b></p> <p>ADDRESS: 102 Briarwood Drive CITY: Monroe, La ZIP CODE: 71203 DISTRICT: <b>E</b> PHONE #: (318) 235-0661 AGE (60+?): No OCCUPATION: Origin Bank E-MAIL: tburden@origin.bank</p> <p>Notes:</p>	<p><b>Temporary TERM:</b> (complete Temporary TERM and Original Term Vacated info as applicable)</p> <p>From: August 1, 2021 To: August 2022 Date Temporary Replacement Member Elected _____ Month _____ Year _____</p> <p><b>Original Term Vacated:</b> _____</p> <p>From: August 2019 To: August 2022 Month _____ Year _____ Month _____ Year _____</p> <p><b>FIRST TERM:</b> From: August 2022 To: August 2025 Month _____ Year _____ Month _____ Year _____</p> <p><b>SECOND TERM:</b> From: _____ To: _____ Month _____ Year _____ Month _____ Year _____</p> <p>IF OFFICER, OFFICE HELD: _____ TERM OFFICE HELD: _____</p> <p>From: _____ To: _____ Month _____ Year _____ Month _____ Year _____</p>
<p><b>NOTE: If Member was elected to a Temporary Replacement Term, please complete the following:</b></p>	
Resigned Board Member: _____	Original Elected Term for Resigned Member: <b>August 2019</b>
Date Member Resigned: _____	Election of Temporary Replacement Member Due/Term End: <b>August 2022</b>
<p><b>Eligible for 2 FULL 3 YR Terms</b></p>	



Publisher of

**The News-Star**  
www.thenewsstar.com

MONROE, LOUISIANA  
**PROOF OF PUBLICATION**

**RECEIVED**

DEC 19 2022

**OUACHITA COUNCIL  
ON AGING, INC.**

OUACHITA COUNCIL ON AGING  
2407 FERRAND ST  
MONROE, LA 71201

Account No.: SHR-304420

Ad No.: 0005479319

Ad Total: \$32.89

PO #: Legal Ad

**This is not an invoice**

# of Affidavits 1

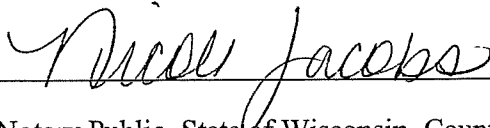
The hereto attached advertisement was published in The News Star. A daily newspaper of general circulation. Published in Monroe, Louisiana. Parish of Ouachita in the issues dated:

11/09/2022, 11/16/2022

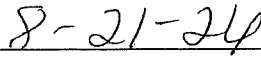


LEGAL CLERK

Subscribed and sworn to before me on this 16 day of November, 2022 AD



Notary Public. State of Wisconsin. County of Brown



My commission expires

NICOLE JACOBS  
Notary Public  
State of Wisconsin

0005479319  
PUBLIC HEARING

The Ouachita Council on Aging, Inc., as the state designated Area Agency on Aging for the Ouachita Parish Planning and Service Area, will conduct a Public Hearing on Wednesday, November 23, 2022, at 11:00 a.m. on the proposed Area Plan for Fiscal Years 2024-2027.

This hearing will take place at the Carolyn Rose Strauss Senior Center, 2407 Ferrand Street, Monroe, Louisiana. All interested persons are invited to attend and encouraged to participate. Written or verbal comments will be accepted. For additional information, contact Loretta Hudson, Executive Director, at (318) 387-0535, ext. 203.  
Monroe, La.  
November 9, 16, 2022  
0005479319

# classifieds

To advertise, visit:

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 Classifieds Email: [classifieds@thenewsstar.com](mailto:classifieds@thenewsstar.com)

 Public Notices/Legals Email: [legalads@monroe.gannett.com](mailto:legalads@monroe.gannett.com)


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## Service Directory

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ades of service  
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**00-362-3390**

### pt Me

### Bldg Matl, Home Imp

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for the latest...

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0005479319  
**PUBLIC HEARING**

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### Legal Notices

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Monroe, La.  
November 9, 16, 2022  
0005479319

### Bids and Proposals

0005476697  
**NOTICE TO PROPOSERS**  
SP #7506

Sealed proposals will be received by the Office of State Procurement, 1201 North Third Street, 2nd Floor, Suite 2-160, Baton Rouge, LA until 10:00 a.m., CT on

### Bids and Proposals

December 13, 2022 for Solicitation Number Doc508044663. Request for Proposal for Educator Evaluation System for Department of Education (DOE). The RFP may be accessed at <http://discov.very.ariba.com/rfx/14539357>.

No proposals will be considered after the date and hour specified. The right is reserved to reject any and all proposals and to waive any informalities.

Tom Ketterer  
Director of State Procurement  
Phone (225) 342-8010  
Monroe, LA  
0005476697

**Find your pet in Classified!**

## PUBLIC NOTICE

### NOTICE OF INTENT

IN ACCORDANCE WITH THE LAWS OF THE STATE OF LOUISIANA AND THE RULES AND REGULATIONS OF THE DEPARTMENT OF NATURAL RESOURCES, OFFICE OF CONSERVATION

WCI - WHITE OAKS LANDFILL, INC.  
(a Waste Connections, Inc. company)

WHITE OAKS LANDFILL  
588 Meadowlark Drive  
Monroe, LA 71203

IS HEREBY PUBLISHING THIS NOTICE OF INTENT TO FILE AN APPLICATION WITH THE COMMISSIONER OF THE OFFICE OF CONSERVATION AND THE INJECTION AND MINING DIVISION, PO BOX 94275, BATON ROUGE, LOUISIANA 70804-9275. SAID APPLICATION WILL REQUEST APPROVAL OF THE INJECTION AND OPERATE



a Senior  
EN  
Aging

## Ouachita Council on Aging, Inc.



2407 Ferrand Street, Monroe, LA



**LEFT:** Amanda, Becca, and Charity Clark created original gift baskets to be sold at OCA's Christmas Bazaar last weekend. The girls also create and design jewelry, aprons, t-shirts, and other specialty items sold at Two Sisters Boutique.

**BELOW:** Cheryl Klopping sold a variety of handmade and antique jewelry at Ouachita Council on Aging's recent Christmas Bazaar.

### Ouachita Council on Aging Notice To Food for Seniors Participants

Please note that  
distribution dates

Tues., November 22nd  
Three (3) hours only  
7:00 a.m. - 10:00 a.m.





# Louisiana Statewide Needs Assessment

Dear Resident,

Your local Louisiana Area on Aging provides services and supports so that area residents can age successfully in the place they have chosen to call home. The priority of the local Area on Aging is to treat all individuals with dignity and respect. By offering aging services, partnering with community agencies, and programs, the Agency on Aging both serves and empowers clients, their families and their caregivers to direct their own aging journey.

We are currently conducting a Needs Assessment to learn how we can best serve the community. We need your input to guide this process. Please take a few moments to complete the Needs Assessment, and return it via postal mail by **October 15, 2022**. We look forward to receiving your input!

## Services and Assistance

We would like to know how important each of the following is in your life and/or for those whom you care for.

**1: Please indicate your answer on a Scale of 1 (Not Important) to 2 (Important) to 3 (Very Important) by putting a 1, 2, or 3 in the blanks provided. How important are each of the following to you:**

Please indicate your answer on a Scale of 1 (Not Important) to 3 (Very Important)	Fill with Number 1-3	Please indicate your answer on a Scale of 1 (Not Important) to 3 (Very Important)	Fill with Number 1-3
Having access to the Internet?	_____	Learning computer basics, how to use the internet or other skills?	_____
Knowing what services are available for seniors and how to access the services?	_____	Participating in fun group activities (e.g. day trips, exercising, dancing, walking, crafts, music, Bingo, etc.) with others my age?	_____
Information or help applying for health insurance or prescription coverage?	_____	Having someone to talk to when I feel lonely?	_____
Transportation to the Senior Center, store, doctor's office, pharmacy, or other location?	_____	Having someone deliver a meal to my home every day?	_____
Having a meal with a friend or others my age?	_____		

### 3: Priorities, Continued: How important is:

Please assign each a number from 1 (Not important) to 2 (Important) to 3 (Very Important) for the following items:

Please indicate your answer on a Scale of 1 (Not Important) to 2 (Important) to 3 (Very Important)	Fill with Number 1-3	Please indicate your answer on a Scale of 1 (Not Important) to 2 (Important) to 3 (Very Important)	Fill with Number 1-3
Information on healthy eating to maintain physical health and overall well-being?	_____	Preventing falls and other accidents?	_____
Help keeping my home clean?	_____	Having a Senior Center that is close to my home?	_____
Help with personal care (bathing, dressing, eating meals, taking medicine, etc.)?	_____	Respite Care Service (short-term relief service provided in your own home to give caregivers a break)?	_____
Information, service and support for mental health issues (Alzheimer's, Dementia, Depression and other Disorders of the brain)?	_____	Access to Respite Care Facilities (Licensed Adult Residential Care Homes for assisted independent living)?	_____
Keeping warm or cool as weather changes?	_____		

## FINANCIAL NEEDS AND ASSISTANCE

Please select the option that best applies to you:

**5: Which of the following do you experience hardships affording and would obtain financial assistance to pay, if available? Check all that apply:**

Place a checkmark beside any item you often need help paying. Leave blank items you do not need help paying.

Dental Care and/or Dentures	_____	Healthy Food	_____
Hearing Exam and/or Hearing Aids	_____	Medicare	_____
Eye Exam/Glasses	_____	Prescriptions or prescription drug coverage	_____
Health Insurance	_____	Other Assistive Medical Devices	_____



# CAREGIVERS

The following questions pertain to caregivers and those for whom they care. If you do not care for anyone, please select N/A.

**6: If you care for an Older Adult aged 60 years or older, please tell us how much you agree with each of the following statements. Which of these statements apply to you? Indicate your level of agreement by selecting:**

**1: Disagree, 2: Neutral, 3: Agree, 4: N/A (I do not care for an older adult).**

*1 =Disagree; 2=Neutral; 3 = Agree; 4=N/A(I do not care for an older adult)*

Please indicate your answer, 1 (Disagree), 2 (Neutral), 3 (Agree), 4 N/A	Fill with Number 1-4	Please indicate your answer, 1 (Disagree), 2 (Neutral), 3 (Agree), 4 N/A	Fill with Number 1-4
I need help paying for services needed by the person I care for	_____	I need a place for the person I care for to go during the day	_____
I need help locating services for the person I care for	_____	I sometimes need temporary relief from my caregiver duties (respite)	_____
I would like training on caring for someone at home	_____		

**7: CAREGIVERS: Of the persons you care for, how many of those are:**

Select one

	1 Person	2 people	More than 2 People	N/A: Not a caregiver
Over 60 years old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disabled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Both Over 60 years old and disabled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child/Children under Age 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**8: Race and Ethnicity (Listed in alphabetical order). Which of the following best describes you? Please select all that apply:**

- |                                                           |                                                              |                                                             |                                                   |
|-----------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Black/ African-American            | <input type="checkbox"/> Not listed here          |
| <input type="checkbox"/> Asian or Asian American          | <input type="checkbox"/> White/Caucasian (non-Hispanic)      | <input type="checkbox"/> Hispanic, Latinx or Spanish Origin | <input type="checkbox"/> I do not wish to answer. |

## Gender Identity

*We strive to create programs and services that represent and serve the full diversity of the community.  
We are asking the following questions about gender, gender identity and sexual orientation to ensure that we are meeting this goal.*

**9: Which of the following best describes you? Select all that apply:**

Select all that apply

- ☐ Man ☐ Woman ☐ Transgender ☐ Other ☐ Not listed here ☐ Prefer not to Answer

**10: Do you identify as a member of the LGBTQIA+ community?:**

- ☐ Yes ☐ NO ☐ Prefer not to Answer

## Disability Status

*We strive to create programs and services that represent and serve the full diversity of the community.  
We are asking the following questions about disability to ensure that we are meeting this goal.*

**11: Disability Status**

**Do you have a long-lasting or chronic condition (such as physical, visual, auditory, cognitive, emotional or other) that requires ongoing accommodations for you to conduct daily life activities (such as your ability to see, hear or speak; to lean, remember or concentrate)?**

- ☐ Yes  
☐ No  
☐ I do not wish to answer

**12: Disability Status**

**We are interested in this data regardless of whether you typically request for/ use accommodations? How do you describe your disability status? (Select all that apply)**

- ☐ A sensory impairment ☐ A long-term medical illness (e.g. epilepsy, cystic fibrosis)  
☐ A long-term mental health condition (e.g. depression, anxiety) ☐ A mobility impairment  
☐ An intellectual/developmental disability (e.g. ADHD, Autism, Cerebral Palsy, PKU)

- ☐ A temporary impairment resulting from illness or injury (e.g. broken ankle, surgery)  
☐ A disability or impairment not listed above      ☐ I do not wish to answer      ☐ I do not have a disability

**13: What is your Relationship Status?** Select one:

- ☐ Single   ☐ Married   ☐ Divorced   ☐ Widowed   ☐ Partnered   ☐ Separated   ☐ I do not wish to answer.

**14: What language do you speak at home? Select all that apply:**

- ☐ English   ☐ French   ☐ Spanish   ☐ Vietnamese   ☐ Other

**15: Highest grade or college level completed?**

- ☐ Grade School   ☐ High School   ☐ College - Associates   ☐ College - Bachelor  
☐ College - Masters   ☐ College - PHD   ☐ Other

**16: In general, how do you rate your health?**

- ☐ Excellent   ☐ Good   ☐ Fair   ☐ Poor   ☐ Don't Know

**17: How many people live in your household?** \_\_\_\_\_

**18: Please tell us your age:**

- ☐ Under 59   ☐ 60-64   ☐ 65-69   ☐ 70-74   ☐ 75-79   ☐ 80-84   ☐ 85+

**19: In what parish do you reside? If more than one place, enter the name of the parish where the residence in which you spend the most time is located:**

\_\_\_\_\_

**20: In what city do you reside? If more than one place, enter the name of the city where the residence in which you spend the most time is located:**

\_\_\_\_\_

**21: In what zip code do you reside? If more than one place, enter the zip code of the residence where you live the majority of the year:**

\_\_\_\_\_

**22: Is there anything else you would like for the Area Agency on Aging to know about the services you receive, services you need, or anything else that you feel is important to know?**

\_\_\_\_\_

\_\_\_\_\_

# Public Hearing Sign-In Sheet

Agency: Ouachita Date: 11/18/2022 Location: Carolyn Rose Straus

\* Please mark below each category with which you most identify:

Printed Name	Signature	Senior 60+	Elected Official	Public Official	Service Provider	Service Recipient	Caregiver	Other
Chris Valentine								
Junot Dixon	<i>Junot Dixon</i>							
Claiborne Smelser								
George Pate								
Carrie Cann	<i>Carrie Cann</i>							
Barbara Brown	<i>Barbara Brown</i>							
Jimmy Keith	<i>Jimmy Keith</i>							
Mary Murphy	<i>Mary Murphy</i>							
Regina Trichell	<i>Regina Trichell</i>							
Roger Loftin	<i>Roger Loftin</i>							
Linda Smith	<i>Linda Smith</i>							
Charles Dowdy	<i>Charles Dowdy</i>							

DORIS DOWDY *Doris Dowdy* Duplicate this form as needed

## Public Hearing Sign-In Sheet

Agency: Ouachita Council  
on Aging

Date: 11/18/2022

Location: Candlyn Rose  
Strauss

\* Please mark below each category with which you most identify:

Printed Name	Signature	Senior 60+	Elected Official	Public Official	Service Provider	Service Recipient	Caregiver	Other
Melba Ivy	Melba Ivy	✓						
Augustine E. Cann	Augustine Cann	✓						
Sophia Conley	Sophia Conley	✓						
Gloria Bishop	Gloria Bishop	✓						
Billie Hagan	Billie Hagan							
George Curtis	George Curtis	✓						
Janie Curtis	Janie Curtis	✓						
Thomas Wagon	Thomas Wagon	✓						
William Huckabay	WILLIAM HUCKABAY							
Bill Wynn	Bill Wynn							
Mattie Givens	Mattie Givens							
DAVID McMANUS	David McManus	✓						

Duplicate this form as needed

# Public Hearing Sign-In Sheet

Agency:

Date:

Location:

\* Please mark below each category with which you most identify:

Printed Name	Signature	Senior 60+	Elected Official	Public Official	Service Provider	Service Recipient	Caregiver	Other
Nancy Gray	Nancy Gray							
Brenda Murphy	Brenda Murphy	✓						
Bernadine Banks	Bernadine Banks	✓						
Melissa Dairon	Melissa Dairon							✓
Judith Hughes	Judith Hughes							
Marilyn Boden	Marilyn Boden							
Ernest Jackson	Ernest Jackson							
Terry Carrahan	Terry Carrahan							
George Smith	George Smith	✓						
Albertine Jackson	Albertine JACKSON	✓						
Jerry Burroughs	JERRY BURROUGHS	✓						
Dorene DeVoter	Dorene DeVoter	✓						

Duplicate this form as needed

Dot Washington Dot Washington



## Public Hearing Sign-In Sheet

Agency: Ouachita Council Date: 11/18/2022  
on Aging

Location: Candyn Rose  
Salinas

\* Please mark below each category with which you most identify:

Printed Name	Signature	Senior 60+	Elected Official	Public Official	Service Provider	Service Recipient	Caregiver	Other
Melba Ivy	Melba Ivy	✓						
Augustine E. Cann	Augustine Cann	✓						
Sophia Conley	Sophia Conley	✓						
Gloria Bishop	Gloria Bishop	✓						
Billie Hagan	Billie Hagan							
George Curtis	George Curtis	✓						
Janie Curtis	Janie Curtis	✓						
Thomas Agne	Thomas Agne	✓						
William Huckaby	WILLIAM HUCKABA							
Bill Wynn	Bill Wynn							
Mattie Givens	Mattie Givens							
DAVID McMANUS	David McManus	✓						

Duplicate this form as needed

## Public Hearing Sign-In Sheet

Agency:

Date:

Location:

\* Please mark below each category with which you most identify:

Printed Name	Signature	Senior 60+	Elected Official	Public Official	Service Provider	Service Recipient	Caregiver ✓	Other
Nancy Gray	<i>Nancy Gray</i>							
Brenda Murphy	<i>Brenda Murphy</i>	✓						
Meredith Banks	<i>Meredith Banks</i>	✓						
Melissa Dairon	<i>Melissa Dairon</i>							✓
Judith Hughes	<i>Judith Hughes</i>							
Marilyn Boden	<i>Marilyn Boden</i>							
Ernest Jackson	<i>Ernest Jackson</i>							
Terry Carraher	<i>Terry Carraher</i>							
George Smith	<i>George Smith</i>	✓						
Albertine Jackson	<i>Albertine JACKSON</i>	✓						
Jerry Burroughs	<i>JERRY BURROUGHS</i>	✓						
Dorene DeVoter	<i>Dorene DeVoter</i>	✓						

Duplicate this form as needed

*Dot Washington* ✓

## Public Hearing Sign-In Sheet

Agency: **Ouachita**      Date: **11/18/2022**      Location: **Carolyn Rose Straus**

\* Please mark below each category with which you most identify:

Printed Name	Signature	Senior 60+	Elected Official	Public Official	Service Provider	Service Recipient	Caregiver	Other
Gibbert	<i>Gilbert B...</i>	✓						
Jimmie Ingraham	<i>Jimmie Ingraham</i>	✓						
Johnnie Brown	<i>Johnnie Brown</i>	✓						

Duplicate this form as needed

# Needs Assessment Community Meeting Record

AAA Agency: **OUACHITA COUNCIL ON AGING**

Date: **Wednesday- November 16, 2022**

Location: **CAROLYN ROSE STRAUSS SENIOR CTR, FERRAND STREET  
MONROE, LA 71201**

Please mark (check) the category which you identify:

Please Print your Name	Agency, Organization, or Concerned Citizen	Minority Senior 60+	Rural Senior 60+	Grandparent Raising Grandchildren	Caregiver
1. <i>Carrie Cann</i>		<input checked="" type="checkbox"/>			
2. <i>Bessie Mason</i>		<input checked="" type="checkbox"/>			
3. <i>Barbara H. Brown</i>		<input checked="" type="checkbox"/>			
4. <i>Connie LeBlanc</i>		<input checked="" type="checkbox"/>			
5. <i>Jimmy Keith</i>		<input checked="" type="checkbox"/>			
6. <i>Billy Hagen</i>		<input checked="" type="checkbox"/>			
7. <i>Mary Murphy</i>		<input checked="" type="checkbox"/>			
8. <i>Regina Trichell</i>		<input checked="" type="checkbox"/>			
9. <i>B. Pilgram</i>		<input checked="" type="checkbox"/>			
10. <i>Mace Dufour</i>		<input checked="" type="checkbox"/>			
11. <i>Dan McMiner</i>		<input checked="" type="checkbox"/>			
12. <i>Roger Oloppin</i>		<input checked="" type="checkbox"/>			
13. <i>Linda D Smith</i>		<input checked="" type="checkbox"/>			
14. <i>James Goss</i>		<input checked="" type="checkbox"/>			

# Needs Assessment Community Meeting Record

AAA Agency: **OUACHITA COUNCIL ON AGING**

Date: **Wednesday- November 16, 2022**

Location: **CAROLYN ROSE STRAUSS SENIOR CTR, FERRAND STREET  
MONROE, LA 71201**

Please mark (check) the category which you identify:

Please Print your Name	Agency, Organization, or Concerned Citizen	Minority Senior 60+	Rural Senior 60+	Grandparent Raising Grandchildren	Caregiver
1. <i>Charles Doudy</i>		✓			
2. <i>Charles Doudy</i>		✓			
3. <i>Doris Doudy</i>		✓			
4. <i>Irma Jones</i>		✓			
5. <i>Geneva Holmway</i>		✓			
6. <i>Sanford Self</i>		✓			
7. <i>Brenda Murphy</i>		✓			
8. <i>Marlene Doss</i>		✓			
9. <i>Muriel Jackson</i>		✓			
10. <i>Narlyn Bolder</i>		✓			
11. <i>Janessa Jenkins</i>		✓			
12.					
13.					
14.					

# Needs Assessment Community Meeting Record

AAA Agency: OUACHITA COUNCIL ON AGING

Date: Thursday- November 17, 2022

Location: WEST OUACHITA SENIOR CTR, NORTH 7<sup>TH</sup> ST., WEST  
MONROE, LA. 71291

Please mark (check) the category which you identify:

Please Print your Name	Agency, Organization, or Concerned Citizen	Minority Senior 60+	Rural Senior 60+	Grandparent Raising Grandchildren	Caregiver
1. RALPH OSTEON		X	X		
2. Sue Shippard		X			
3. Elaine Reed		X	X		
4. Bern Thornton			X		
5. DON THORNTON			X		
6. Joanna Powell		X	X		
7. Louisa Pipo		X	X		
8. Mantel Hill			X		
9. Janice Cobb					
10. Bobbie Lentay					
11. Margy Albritton		X	X		
12. Coret Hodo	?		X		
13. Nancy Zalk			X		
14. Jones Dorothy					



# Needs Assessment Community Meeting Record

AAA Agency: **OUACHITA COUNCIL ON AGING**

Date: **Thursday- November 17, 2022**

Location: **WEST OUACHITA SENIOR CTR, NORTH 7<sup>TH</sup> ST., WEST  
MONROE, LA. 71291**

Please mark (check) the category which you identify:

Please Print your Name	Agency, Organization, or Concerned Citizen	Minority Senior 60+	Rural Senior 60+	Grandparent Raising Grandchildren	Caregiver
1. Janice Coffey		✓			
2. Evelyn Miller		✓			
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

# Needs Assessment Community Meeting Record

AAA Agency: OUACHITA COUNCIL ON AGING

Date: Friday- November 18, 2022

Location: BESSIE MCKINNIS COMMUNITY CENTER, FRANCES AVE.,  
STERLINGTON, LA 71280

Please mark (check) the category which you identify:

Please Print your Name	Agency, Organization, or Concerned Citizen	Minority Senior 60+	Rural Senior 60+	Grandparent Raising Grandchildren	Caregiver
1. Ralph Kinnard		✓			
2. Sharon Flintroy		✓			
3. Marilene Davis		✓			
4. Barbara Bower		✓			
5. Beverly Walker		✓			
6. James Ward		✓			
7. Brenda Ward		✓			
8. Susan Anthony		✓			
9. Connie Canzian		✓			
10. Juke Parks		✓			
11. Pat Parks		✓			
12. Bob Mays		✓			
13. BARBARA MAYS		✓			
14. Charles Thomas		✓			

# Needs Assessment Community Meeting Record

AAA Agency: **OUACHITA COUNCIL ON AGING**

Date: **Friday- November 18, 2022**

Location: **BESSIE MCKINNIS COMMUNITY CENTER, FRANCES AVE.,  
STERLINGTON, LA 71280**

Please mark (check) the category which you identify:

Please Print your Name	Agency, Organization, or Concerned Citizen	Minority Senior 60+	Rural Senior 60+	Grandparent Raising Grandchildren	Caregiver
1. Joyce Thomas			✓		
2. Henry Ellis			✓		
3. Paul LaCombe			✓		
4. Dick Austin			✓		
5. Joyce Sloan			✓		
6. Linda Herlong			✓		
7. Billie F. Hingame			✓		
8. Mike Hooks			✓		
9.					
10.					
11.					
12.					
13.					
14.					

# Louisiana Statewide Needs Assessment

Dear Resident,

Your local Louisiana Area on Aging provides services and supports so that area residents can age successfully in the place they have chosen to call home. The priority of the local Area on Aging is to treat all individuals with dignity and respect. By offering aging services, partnering with community agencies, and programs, the Agency on Aging both serves and empowers clients, their families and their caregivers to direct their own aging journey.

We are currently conducting a Needs Assessment to learn how we can best serve the community. We need your input to guide this process. Please take a few moments to complete the Needs Assessment, and return it via postal mail by October 15, 2022. We look forward to receiving your input!

## Services and Assistance

We would like to know how important each of the following is in your life and/or for those whom you care for.

**1: Please indicate your answer on a Scale of 1 (Not Important) to 2 (Important) to 3 (Very Important) by putting a 1, 2, or 3 in the blanks provided. How important are each of the following to you:**

Please indicate your answer on a Scale of 1 (Not Important) to 3 (Very Important)	Fill with Number 1-3	Please indicate your answer on a Scale of 1 (Not Important) to 3 (Very Important)	Fill with Number 1-3
Having access to the Internet?	_____	Learning computer basics, how to use the internet or other skills?	_____
Knowing what services are available for seniors and how to access the services?	_____	Participating in fun group activities (e.g. day trips, exercising, dancing, walking, crafts, music, Bingo, etc.) with others my age?	_____
Information or help applying for health insurance or prescription coverage?	_____	Having someone to talk to when I feel lonely?	_____
Transportation to the Senior Center, store, doctor's office, pharmacy, or other location?	_____	Having someone deliver a meal to my home every day?	_____
Having a meal with a friend or others my age?	_____		

## Public Hearing Sign-In Sheet

Agency: **Ouachita**      Date: **11/18/2022**      Location: **Carolyn Rose Straus**

\* Please mark below each category with which you most identify:

Printed Name	Signature	Senior 60+	Elected Official	Public Official	Service Provider	Service Recipient	Caregiver	Other
Chris Valentine								
Junot Dixon	<i>Junot Dixon</i>							
Claiborne Smelser								
George Pate								
Carrie Cann	<i>Carrie Cann</i> ✓							
Barbara Brown	<i>Barbara Brown</i> ✓							
Jimmy Keith	<i>Jimmy Keith</i> ✓							
Mary Murphy	<i>Mary Murphy</i> ✓							
Regina Trichell	<i>Regina Trichell</i> ✓							
Roger Loftin	<i>Roger Loftin</i> ✓							
Linda Smith	<i>Linda Smith</i> ✓							
Charles Dowdy	<i>Charles Dowdy</i> ✓							

*DORIS DOWDY*      *Doris Dowdy* ✓      Duplicate this form as needed

# **Continuity of Operations Plan (COOP)**

**Ouachita Council on Aging, Inc.**

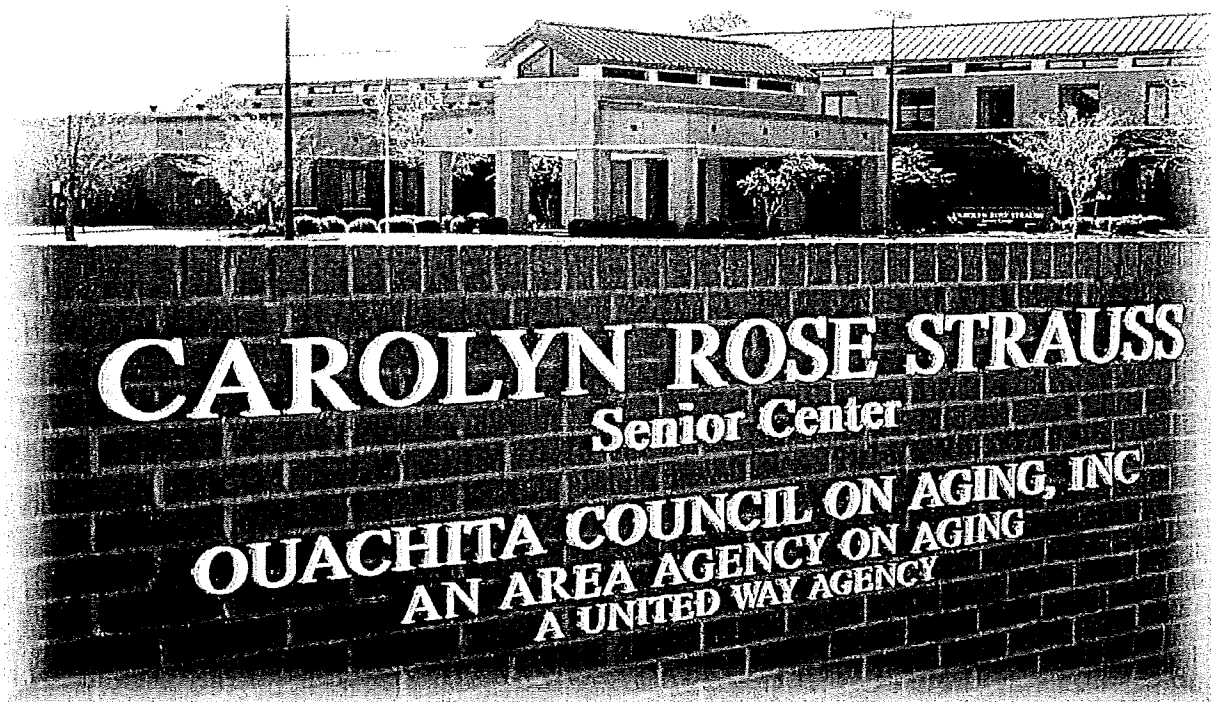
**Area Agency on Aging for Ouachita Parish**

**2407 Ferrand Street, Monroe, LA 71201**

*"An Emergency Preparedness Plan for Business Continuity"*

**Website: [www.ouachitacoa.com](http://www.ouachitacoa.com)**

**(318) 387-0535**



**CAROLYN ROSE STRAUSS**  
**Senior Center**

**OUACHITA COUNCIL ON AGING, INC**  
**AN AREA AGENCY ON AGING**  
**A UNITED WAY AGENCY**

Approved by the Board of Directors: April 28, 2021

Updated & Approved by Board of Directors: March 30, 2022



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## **AAA Spokespersons and Alternate Facility Info**

*The Executive Director is our primary contact person and will serve as the AAA/COA spokesperson in an emergency. Chain of command is as follows:*

**Loretta Hudson, Executive Director**

(318) 387-0535, ext. 203 office

(318) 450-7379 cell

Email: [aging@centurytel.net](mailto:aging@centurytel.net)

*If the Executive Director is unable to manage the crisis, the person (s) below will succeed in management:*

**Diane Gaines, Administrative Assistant**

(318) 387-0535, ext. 205 office

(318) 348-1034 cell

Email: [dianegaines@hotmail.com](mailto:dianegaines@hotmail.com)

**Dave Massart, Financial Manager**

(318) 387-0535, ext. 209 office

(318) 348-6375 cell

Email: [proadmin@centurytel.net](mailto:proadmin@centurytel.net)

*If this location (2407 Ferrand Street, Monroe, LA) is NOT accessible, we will operate from location below:*

**Ouachita Grand Plaza**

**501 South Grand Street**

**Monroe, LA 71201**

**Phone: (318) 329-1381 (facility)**

Ouachita Grand Plaza is operated by Monroe Housing Authority. Usage is approved by Executive Director, William Smart. Office Phone: (318) 388-1500

## **Emergency Resources & Contacts**

**AAA Spokespersons are responsible to make contact (s) as appropriate based on needed resources and/or type of emergency/disaster:**

**Emergency: Dial 911**

**United Way Emergency Operations Center - "211"**

**United Way Main Number: (318) 325-4329**

**Ouachita Office of Homeland Security and Emergency Preparedness -**

**Phone: (318) 322-2641, Neal Brown**

**FEMA Region VI – (940) 898-5399, Denton, TX**

**Louisiana Department of Environmental Quality – Ouachita Parish**

**Casey Head, Regional Manager – (318) 362-5439**

**Environmental Protection Agency – Region VI – 1-800-887-6063**

**Monroe City Police– (318) 329-2600 (non-emergency)**

**Ouachita Parish Sheriff's Office – (318) 329-1200 (non-emergency)**

**Fire Dept., Monroe City – (318) 329-2508 (non-emergency)**

**Fire Dept., Ouachita Parish – (318) 322-4174 (non-emergency)**

**Governor's Office of Elderly Affairs: (225) 342-7100**

**GOEA Executive Director: Shirley Merrick (225) 342-0134**

**GOEA Disaster Program Manager: Kayla Doyle (225) 342-6870**

**Monroe Housing Authority: William Smart, Director (318) 388-1500**

**Nutrition Contractor/Vendor: Trio Community Meals: (318) 325-0062**

**Nutrition Contractor/Vendor Headquarters: Flowood, MS (800) 541-3805**

**Insurance Provider: Thomas and Farr Agency, Inc. - Phone: (318) 388-1472**

**Insurance Provider Contact: Tammy Bragg, Account Manager**

**City of Monroe, Mayor's Office: Mayor Friday Ellis - (318) 329-2200**

**City of West Monroe, Mayor's Office: Mayor Staci Mitchell – (318) 396-2600**

**City of Monroe, Transit Service: (318) 329-2207**

## Employee Contact Information

The following is a list of AAA/COA personnel and their individual emergency contact information:

Name	Phone #
.....	
AAA Personnel:	
Loretta Hudson	(318) 450-7379
Diane Gaines	(318) 348-1034
Dave Massart	(318) 348-6375

### OCA/Senior Center Personnel:

Geraldine Banks	(318) 547-6744
Marilyn Bolden	(318) 791-1820
Melissa Doiron	(318) 538-9132
Nancy Gray	(318) 331-5254
Ernest Jackson	(318) 235-6260
Vanessa Jenkins	(318) 537-4014
Brenda Murphy	(318) 376-4802
Stacey Paillette	(318) 372-7061
Ruby Sistrunk	(318) 235-2316
George Smith	(318) 237-3963
Katherine Smith	(318) 450-2906

### Sub-Contractors:

Jack Digangi, RN, LDN	(318) 547-5225 (Nutritionist)
Michelle Gray	(318) 235-3664 (Aerobics)
Debra Heard	(318) 503-4426 (Art)
Karen Hollis, CPA	(318) 728-6588 (CPA/Accounting)
Marilyn Cook	(318) 381-9936 (Ceramics)
Cindy Ingram	(318) 651-8311 (Publicity)

NOTE: Each Department Head (Coordinators) or Activity Director is responsible for contacting all employees/students in their respective departments or classes in case of disaster which requires discontinuing of, or changes to, client service or activity. Each Coordinator will maintain an "Employee Emergency Call List".

## Planning and Training for Staff and Clients

1. **Planning for an emergency** – Before an emergency or disaster strikes, we will help our clients prepare by having “fire” and “disaster” drills each quarter throughout the year at our Senior Center and Satellite Sites. Educational talks will be offered on topics relating to disaster, fire, and emergency preparedness. Further, seniors will be issued a two-day, shelf-stable, “Emergency Meal Kit” twice annually, once in winter, once in summer, to be used in case their congregate meal site or home delivered meal route cannot operate due to inclement weather conditions or other such emergency.
2. **Responding to an emergency** – Once we know our organization will continue to function, we will make sure our clients receive the help they need. We will activate our “emergency” response plan, plus contact the media, (including radio, television, and newspapers) to advise our clients as to where to find needed services. Our priority will be to make sure our transportation clients continue to receive vital transportation to and from Dialysis, Heart, Cancer Centers.
  - a. **If clients must evacuate their homes** - We will work with the following first responders to make sure all of our clients are safely evacuated: Monroe Public Transit, Local Ambulance Service, West Ouachita Senior Center Public Transit, Local Car Dealerships (use of 4-wheel drive vehicles), Monroe City School System, Ouachita Parish School System, University of Louisiana at Monroe.
  - b. **If our clients must shelter in place (at facility)** - We will work with the following first responders to make sure all our staff and clients are knowledgeable of procedures: American Red Cross, Parish Health Department, Ouachita Office of Homeland Security, United Way Resource Center.
  - c. **If we need to feed at-risk elderly pre/post an emergency or event** - We will contact our Caterer, the Northeast LA Food Bank, and/or FEMA, to receive nutritional emergency food staples for our clients. Method of distribution will be determined by type of disaster or emergency that has taken place.

## **Emergency Planning Team**

The following people will participate in emergency planning and crisis management:

- 1- Loretta Hudson, Executive Director
- 2- Board of Directors Executive Committee
- 3- Diane Gaines, Administrative Assistant
- 4- Dave Massart, Financial Manager
- 5- Brenda Murphy, Transportation Coordinator
- 6- Melissa Doiron, Home Delivered Meals Coordinator
- 7- Nancy Gray, Congregate Meals Coordinator
- 8- Vanessa Jenkins, Homemaker Coordinator
- 9- Stacey Paillette, NFCSP Coordinator
- 10- Geraldine Banks, Outreach Coordinator
- 11- Marilyn Bolden, Supportive Services Coordinator
- 12- Ruby Sistrunk, Senior Center Receptionist
- 13- Ernest Jackson, Head Custodian
- 14- George Smith, Custodian

## **Community Networking & Partnerships**

The following people from emergency preparedness organizations and vital community partner agencies will participate in our emergency planning team.

- 1- Neal Brown, Homeland Security
- 2- Jean Toth, Northeast LA Food Bank
- 3- William Smart, Monroe Housing Authority
- 4- Chris Phelps, Monroe Transit System
- 5- Jay Russell, Ouachita Parish Sheriff's Department
- 6- Janet Durden, United Way of NELA

## **Identifying Unmet Needs & Available Resources**

Unmet needs, as well as available resources, will be determined as training and frequent communication takes place between our agency and partnerships within the community. This information will be updated as it is known and available.

## Organizing Service Delivery Plans

The following is a prioritized list of our **mission critical services**, staff, and procedures we need to recover from an emergency or disaster.

OPERATION	STAFF IN CHARGE	ACTION PLAN
Transportation of Clients To Dialysis Centers and Vital Destinations	Brenda Murphy	Maintain communication with providers of backup vehicles; Obtain cell phones for each driver; Update phone listings.
Delivery of Home Delivered Meals to Clients	Melissa Doiron	Maintain communication with alternate food vendors; Be aware of how to obtain backup vehicles if needed.
Congregate Meal Site Service	Nancy Gray	Maintain communication with alternate vendors; Arrange "drive thru" or other means of food service delivery to current clients.
Commodities Distribution	Marilyn Bolden	Arrange to move distribution to another location, if needed.
Recreational, Social, and Health Related Activities	Loretta Hudson	Relocate to Ouachita Grand Plaza if congregating of clients is allowed. Otherwise, cancel.
Computer Stations Established for Staff Data Entry/Reporting	Dave Massart	Obtain backup computers; load WellSky and Financial information asap.
Reprinting of Forms, Policies, Client Records, Contracts, Assist all Staff in Recovery	Diane Gaines	Print from another location using disc backup; Make flyers and write updates to distribute to newspapers, radio, and clients.

## Awareness of Possible Disasters

Natural Disasters (i.e., Hurricanes, Flood, Tornado, Earthquake, Ice Storm)

Human-made Threats (i.e., Bomb Threat, Terrorist Attack)

Public Health (i.e., Pandemic Flu, Pandemic COVID, Chemical Spill)

**A detailed description of response procedures for specific disasters or emergency situations is given in pages 17 thru 19 of this document.**

## **Communications & Coordination**

**We will communicate our emergency plans with employees, volunteers, contractors, and board members in the following way:** OCA will maintain a list of emergency contact information on all employees, Board members, contractors, volunteers, partner agencies, and GOEA personnel. This list will be updated annually, or as needed, and disseminated throughout this agency on the same basis.

**We will communicate our emergency plans with our community in the following way:** Executive Director, Loretta Hudson, will contact the local news media, including all three major networks, public broadcasting, and radio stations, to inform them as to what has taken place (disaster, fire, etc.). She will also go directly to TV stations, when possible, to make appearances to address events affecting seniors. Further, OCA will contact United Way of Northeast LA, who operates a “211” call center, which will use our information to advise the public as to status of services, etc. A copy of this plan will be given to partner agencies.

**In the event of a disaster, or prior to an event, we will communicate with GOEA in the following way:** Executive Director, Loretta Hudson, will contact GOEA personnel as to status of any emergency situation affecting seniors in our area. She will talk directly with the Director and/or Deputy Director, receiving instructions, advice, and proper procedures to address the emergency/disaster. A list of phone numbers and email addresses for GOEA personnel will be kept at home by our Executive Director and Administrative Assistant so they may take immediate action to notify GOEA when any emergency or disaster situation arises.

## **Cooperative Agreements with Partners**

This agency will maintain **Cooperative Agreements** with partners within the community, most of which are listed under “Community Networking and Partnerships”. A copy of this plan will be given to all partner agencies. Cooperative Agreements with Partner Agencies will be updated as needed and based on input obtained during video conferences or meetings held for this purpose.



# Evacuation Plan for Senior Center & COA Offices

**Location: 2407 Ferrand Street, Monroe, LA 71201**

- We have developed a plan in collaboration with our neighboring businesses and building owners to avoid confusion and gridlock.
- We have located, copied, and posted building and site maps.
- Exits are clearly marked.
- We will practice evacuation procedures 4 times a year.
- This same plan **applies to all satellite/dining sites** operated by OCA.

## If we must leave the workplace quickly

1- Warning System: Emergency radios are in place to advise weather conditions. Communications are maintained with the local "211" Call Center. Television is on site at Senior Center to monitor crisis situations. Fire Alarm system is in place. We will test the warning system and perform **fire/disaster drills** quarterly each year and record results.

2 – Assembly Site: In case of fire threat, staff will assemble on parking lot nearest Ferrand Street to await results. If building is evacuated, and cannot be occupied again, staff will assemble at Ouachita Grand Plaza, 501 South Grand, to begin business recovery procedures.

3 – Assembly Site Manager: Loretta Hudson

Assistant/Alternate: Diane Gaines

a. Responsibilities include: Activate Recovery Procedures, Supervise Staff

4 – Shut Down Manager: Loretta Hudson

Assistant/Alternate: Diane Gaines

a. Responsibilities include: Supervise Staff, Contact Insurance Agent

5 – Loretta Hudson is responsible for issuing "all clear".

# **Shelter-In-Place Plan for Senior Center & COA Offices**

**Location: 2407 Ferrand Street, Monroe, LA, 71201**

- We have talked to co-workers about which emergency supplies, if any, the company will provide in the shelter location and which supplies individuals might consider keeping in a portable kit personalized for individual needs.
- We will practice shelter procedures 4 times a year.

## **If we must take shelter quickly**

1 – Warning System: Weather Radios are in place. Fire/Disaster Plan in place with staff. We will test the warning system/plan and record results 4 times a year.

2 – Storm Shelter Location: At CRS Center, all participants are escorted to inside halls away from windows. If evacuating CRS Center, we will proceed to Ouachita Grand Plaza, 501 South Grand, Monroe, LA.

3 – “Seal the Room” Shelter Location: At CRS Center, move all participants and staff to storage rooms without windows. If evacuating CRS Center, proceed to Ouachita Grand Plaza, 501 South Grand, Monroe, LA.

4 – Shelter Manager: Loretta Hudson

Assistant/Alternate: Diane Gaines

Responsibilities Include: Supervise Staff, Oversee Meal Service Planning

5 – Shut Down Manager: Loretta Hudson

Assistant/Alternate: Diane Gaines

Responsibilities Include: Supervise Staff, Oversee Evacuation

6 – Loretta Hudson is responsible for issuing “all clear”.

## Suppliers and Contractors

Company Name: Trio Community Meals

Street Address: 1807 Pine Street

City, State, Zip Code: Monroe, LA 71201

Phone: (318) 325-0062 Fax: (318) 329-9006

Contact Name: Derrall Pitre

Derrall's Cell: 318-305-2228

Materials/Service Provided: Catering of Hot and Frozen Meals, and Sack Lunches

If this company experiences a disaster, we will obtain meals from the following:

Company Name: St. Francis Hospital and/ Glenwood Regional Medical Center

Street Address: Jackson Street, Monroe/Thomas Road, West Monroe

City, State, Zip Code: Monroe/West Monroe, LA (respectively)

Phone: St. Francis - 327-4000 Glenwood - 329-4200

Contact Person: Dietitian/Food Service Manager

Materials/Service Provided: Weekend Meals for Home Delivered Routes

If our agency experiences a disaster and we are unable to provide hot meals, in addition to local churches, we will coordinate with agency below to provide shelf stable meals until hot meals can be provided:

Company Name: Food Bank of Northeast Louisiana

Street Address: 4600 Central Avenue, Monroe, LA 71201

Phone: (318) 322-3567 Contact Name: Jean Toth

Materials/Service Provided: Shelf Stable Meals

Company Name: Valley Foods/Trio Community Meals

Address: P.O. Box 5454, Jackson, MS 39288

Phone: 1-800-541-3805

Materials/Service to be provided: Will supply frozen or shelf stable meals, if needed

## Insurance and Emergency Funds

If this company experiences a disaster, we initiate recovery operations with funds obtained from the following:

Insurance Provider: Thomas and Farr Agency, Inc.

Street Address: 2200 Tower Drive Mailing Address: P.O. Box 2110

City, State, Zip Code: Monroe, LA 71207-2110

Phone: (318) 388-1472 Fax: (318) 388-1466

Contact Name: Tammy Bragg

Coverage Provided: Personal, Professional, Human Services, General Liability coverage; and Business Auto.

Financial Institution: BancorpSouth

Street Address: 909 N. 18<sup>th</sup> Street

City, State, Zip Code: Monroe, LA 71201

Phone: 338-3018 Fax: 338-3020

Contact Name: Robbie Schott Account Number: Open Line of Credit

Coverage Provided: Line of Credit

## Annual Review of Disaster Plan

Each Area Agency on Aging must develop and maintain a comprehensive Disaster/Emergency Plan (COOP) to explain how the agency will prepare for, respond to, and recover from a disaster or emergency within the Area Agency's planning and service area (PSA).

This plan will be **reviewed/updated annually, no later than April** each fiscal year, or as deemed necessary by the Board of Directors or the Governor's Office of Elderly Affairs in Baton Rouge, LA. Updates in Personnel/Staff/Contact Names and Phone Numbers will not require Board Approval.

## **Computer Security**

**To protect our computer hardware**, we will elevate the “main server” so as to protect against flooding. In case of fire or other disaster which might destroy building, we will depend on computers at another location to be loaded from backup information stored off site by Paul Moore, IT Consultant and/or our CPA, Karen Hollis in Rayville, LA.

**If our computers are destroyed**, we will use back-up computers at the following location: Ouachita Grand Plaza, 300 Harrison Street, Monroe, LA.

## **Records Back-Up**

**Dave Massart, Financial Manager**, is responsible for communication with Paul Moore, IT Consultant, in Monroe, (318-512-1500) to ensure proper and timely off-site back-up of all payroll and accounting records and systems. A second backup of accounting records is stored by our CPA, Karen Hollis, (off-site) at her office located at 802 Julia Street, Suite D, Rayville, LA. Phone: 318-728-6588.

**SAMS (client database) back-up** is provided off-site by WellSky Information Systems and is accessible from any computer, any location.

**A copy of this plan**, including site maps, insurance policies, and bank account records are stored and available at our main location at 2407 Ferrand Street, Monroe, LA., with a second set of same records being stored at the home of our Executive Director, Loretta Hudson, 913 N. 35<sup>th</sup> St., Monroe, LA.

**If our accounting and payroll records are destroyed**, we will provide for continuity by using back-up records from either source listed above.

# OUACHITA COUNCIL ON AGING, INC.

## EMERGENCY CALL PROCEDURE LIST/TELEPHONE TREE

This list is to be kept at the employee's home in case an emergency situation arises which requires closure of the Senior Center/Sites during "off" hours.

In the event that weather conditions (snow, flood, ice storm, tornado, hurricane), or any other situation, so warrant cancellation of services (or any part thereof) by this agency, the Executive Director, Loretta Hudson, will begin the process of contacting all employees so that immediate action may be taken to notify all affected by such action, the most critical being those who depend upon OCA for vital daily services. Loretta will also contact the media in order that all participants will be aware of Senior Center and satellite closings and service cancellation.

Name of Staff Person	You Will Call
Loretta Hudson Cell Number: (318) 450-7379	Dave Massart (318) 348-6375 KNOE News (318) 388-8888 Diane Gaines (318) 348-1034 KTVE/KARD (318) 323-1972 GOEA Main # (225) 342-7100 All Board of Directors Members Shirley Merrick (Exec. Director) (Board of Directors Numbers (225) 342-0134 follow this page)
Diane Gaines Cell Number: (318) 348-1034	Vanessa Jenkins (318) 537-4014 Nancy Gray (318) 331-5254 Stacey Paillette (318) 372-7061 Brenda Murphy (318) 376-4802 Marilyn Bolden (318) 791-1820 Karen Hollis (318) 728-6588 Also: Any scheduled special guest (s) for that day/week
Nancy Gray	Trio's (318) 325-0062 Derrall Pitre (318) 305-2228 Melissa Doiron (318) 538-9132 Katherine Smith (318) 450-2906 Plus: All site managers Ruby Sistrunk (318) 235-2316
Melissa Doiron	Meals on Wheels Drivers (Drivers will contact their participants) Contact Person @ St. Francis - Bridgett (318) 805-1383
Brenda Murphy Home Number: (318) 381-8165 (Brenda will call the Dialysis/ Heart/Cancer Centers)	Eric Cleveland (318) 450-7922 Cleveland Hunt (318) 547-5083 Tim Duncan (318) 518-5217 Pam Monday (318) 801-5809 Carol Duncan (318) 235-8027 Melissa Green (318) 267-4413 Debbie Roberts (707) 317-3274 Drivers will call their clients
Vanessa Jenkins	Call Homemaker Staff and Older Worker Program Staff Homemaker Staff calls their participants
Stacey Paillette	Ernest Jackson (318) 235-6260 George Smith (318) 237-3963 Marilyn Cook (318) 381-9936 Geraldine Banks (318) 547-6744 @ "A First Name Basis" - Joe Lasko (504) 313-2530
Ruby Sistrunk	Jack Digangi (318) 396-5225/547-5225 Irene Aycok 372-5446 Debra Heard (318) 503-4426 Michelle Gray (318) 235-3664

Latest Update: April 2022

**SIGNAGE** - Will be displayed on all outside doors to advise the public of closure (s) and expected Re-open dates. Information will be put on Ouachita Council on Aging **Website and Facebook Page** also.

## **Ouachita Council on Aging, Inc.**

### **Board of Directors Contact Information**

In an Emergency, the Board will be contacted by the Executive Director

<b>NAME</b>	<b>PHONE NUMBER (S)</b>
Arvin Vielman	884-5159 (Cell)
Cedric Crossley, Jr.	512-6981 (Cell)
Chris Valentine	345-0880 (H); 331-1479 (Cell)
Claiborne Smelser	361-0300 (W); 366-1631 (Cell)
Darian Atkins	345-9265 (W); 348-8991 (Cell)
David O'Neal	348-4377 (Cell)
George Pate	665-2306 (H); 366-3479 (Cell)
Heather Bice	651-5186 (W); 372-0369 (Cell)
Junot Dixon	376-4442 (Cell)
Kara Jenkins	329-1364 (W); 816-0872 (Cell)
Tabitha Hendon	998-3237 (W); 376-8008 (Cell)
Tim Jones	998-3257 (W); 348-1301 (Cell)
Tony LaMarca	345-1048 (H); 547-3330 (Cell)
Tricia Burden	807-4553 (W); 235-0661 (Cell)
Wyche Ashcraft	547-8283 (Cell)

**Note: Updates/changes of phone numbers or names of the Board of Directors, Staff, Vendors, or Emergency Personnel, prior to annual review, will not require Board approval.**

**OUACHITA COUNCIL ON AGING, INC.**  
**TORNADO, HURRICANE, WIND THREAT**  
**STAFF ASSIGNMENTS**  
**All staff move immediately to assigned areas**

**SECURE DOORS IN SENIOR CENTER: Loretta Hudson**

**SECURE DOORS IN MAIN CORRIDOR AND DINING HALL: Dave Massart**

**SECURE DOORS IN ADMINISTRATIVE WING: Diane Gaines**

**ANNOUNCEMENT TO PARTICIPANTS/STAFF: Ruby Sistrunk**

**CHECK/CLEAR BATHROOMS IN SENIOR CENTER: Brenda Murphy**

**CHECK/CLEAR BATHROOMS IN ADMINISTRATIVE WING: Missy Doiron**

**PARTICIPANTS: (MOVE PARTICIPANTS TO HALLS INSIDE SENIOR CENTER)**

**Katherine Smith (Clear Dining Hall)**

**Ernest Jackson (Clear Dining Hall/Move Wheelchair/Handicapped Participants)**

**George Smith (Help Move Participants To Halls Inside Senior Center)**

**Marilyn Bolden (Help Move Participants To Halls Inside Senior Center)**

**Vanessa Jenkins (Clear/Check Exercise Room & Equipment Room)**

**Nancy Gray (Clear/Check Card Room & Ceramics Class)**

**Geraldine Banks (Clear/Check Art Class and Quilting Room)**

**OVERALL BUILDING CHECK: Loretta Hudson, Diane Gaines, Dave Massart**

**OVERVIEW:** All doors (including office doors) are to be closed and secured as well as possible from wind. All participants and staff should be moved from Dining Hall to Senior Center inside halls and/or storage rooms away from glass. If time does not permit for removing participants from the Dining Hall, then participants should be moved to wall beside kitchen, away from glass. The main corridor connecting Senior Center to Administrative Wing is NOT considered a safe hall. Bathrooms are to be checked for participants, with participants being moved into Senior Center Halls if time permits. If staff does not have sufficient time to vacate Administrative Wing, they should move into hallway with office doors closed to protect from glass.



**OUACHITA COUNCIL ON AGING, INC.**  
**FIRE EMERGENCY OR BUILDING EVACUATION**  
**STAFF ASSIGNMENTS**

**All staff move immediately to assigned areas**

**DOORS IN SENIOR CENTER: Loretta Hudson**

**DOORS IN MAIN CORRIDOR AND DINING HALL: Dave Massart**

**DOORS IN ADMINISTRATIVE WING: Diane Gaines**

**MAKE ANNOUNCEMENT TO PARTICIPANTS/STAFF:  Ruby Sistrunk**

**CHECK/CLEAR BATHROOMS IN SENIOR CENTER: Brenda Murphy**

**CHECK/CLEAR BATHROOMS IN ADMINISTRATIVE WING: Missy Doiron**

**PARTICIPANTS: (MOVE THEM TO OUTSIDE PARKING AREA NEAR FERRAND)**

**Katherine Smith (Clear Dining Hall)**

**Ernest Jackson (Clear Dining Hall/Move Wheelchair/Handicapped Participants)**

**George Smith (Help Move Participants from Senior Center)**

**Marilyn Bolden (Help Move Participants from Senior Center)**

**Vanessa Jenkins (Clear/Check Exercise Room and Equipment Room)**

**Nancy Gray (Clear/Check Card Room & Ceramics Class)**

**Geraldine Banks (Clear/Check Art Class and Quilting Room)**

**OVERALL BUILDING CHECK: Loretta Hudson, Diane Gaines, Dave Massart**

**OVERVIEW: Doors are to be held or propped open in order for participants to evacuate the building immediately when having a fire drill, when fire is indicated, or when any emergency requires building evacuation. Participants go to parking area closest to Ferrand Street.**

**Close all doors to offices, bathrooms, and classrooms when last person leaves the area. Staff joins participants after last inspection.**

# **OUACHITA COUNCIL ON AGING, INC.**

## **PANDEMIC CONTINGENCY PLAN**

### **AAA Director Responsible for Adherence to Procedure**

Initially, if, and when, a decision is made to “shut down” senior centers, meals sites, and Administrative offices due to a pandemic crisis, the Council on Aging’s actions will then be governed by the Governor’s Office of Elderly Affairs, who is responsible for deciding how and when we close and re-open to the public.

An announcement will be made to our participants explaining that the current pandemic makes it unsafe to operate in a normal way (no congregating), thus we must shut down all Senior Center services. No Recreational Activities allowed. Several Council on Aging services will continue while following guidelines issued by the CDC, which requires social distancing, wearing of a face mask, and stringent sanitizing procedures. An adequate supply of Gloves, Face Masks, and Sanitizing Solutions must be on hand at all times in case this situation arises.

Based on past experience, the following programs may operate in this manner:

- 1) Congregate Meals – Seniors will be allowed to “drive thru” the parking lot and pick up 5 meals each week. These meals will be either frozen or shelf stable. Staff and client must wear a face mask; Staff wears gloves; no one gets out of their cars; No signatures are necessary; no contact is made between staff and client. Available where “drive thru” is possible at all sites.
- 2) Meals on Wheels - will deliver 5 frozen meals weekly, or 10 every two weeks if deemed more efficient. No contact is made between delivery driver and client, as meals are left at front door; driver waits at safe distance for client to pick up meals. Driver must wear mask and gloves.
- 3) Transportation – Will continue to operate with only one client per van; client and driver wear face mask; driver wears gloves; driver sanitizes van after each client leaves van.
- 4) Homemaker Program – Will continue for those clients who will allow a staff worker to enter their home; Staff wears mask and gloves; client wears mask; Social distancing is observed.
- 5) Food for Seniors Commodities – Can be distributed via “drive thru” method; no contact.
- 6) Family Caregiver Program – Will operate if clients will allow workers to enter homes.
- 7) Wellness Check Up Calls – Staff will be assigned to call participants to check on them.

**EMPLOYEES:** Encouraged to work from home as much as is possible if they have computers. If not, we will provide “lap tops” to those who need them. If coming into the office, masks must be worn in the hall; Limit number of people in building to 4 at any time; Staff should alternate days and times to be in office so as to minimize contact. Cell phones will be used to continue answering client calls - office phone calls will be “forwarded” to staff cell phones. Anyone found to test “positive” must quarantine 14 days away from other staff members. “Zoom” meetings will be utilized by Staff and Board to keep everyone up to date. Changes to this contingency plan may take place at any time based on “conference” calls/TAMs/ instructions from the Governor’s Office of Elderly Affairs in Baton Rouge, LA.

**OUACHITA COUNCIL ON AGING, INC.**  
**Recovering from Disaster**  
**Assessing the Needs of our Senior Clients and Staff**


- 1) Assign Staff and Volunteers to contact participants to assess their needs (unmet needs) following the disaster situation.
- 2) If Staff was moved to another location, begin process of bringing records, computers, etc., back to original location as soon as possible.
- 3) Re-establish client files, records, financial systems, IT Systems, service delivery plans, and staff training schedules.
- 4) Verify the supply system for meals, cleaning supplies, masks, gloves, PPE, and any other supplies needed to operate. Obtain needed supplies.
- 5) Determine resources within the community; collaborate with others who may supply services not available thru this agency.
- 6) Speak with local governments as to what is available to those who need help with clean-up, emergency shelter, food, clothing, etc.
- 7) Call for a Staff meeting to update progress on recovery efforts. Find out if Staff needs any assistance with recovery on personal basis.
- 8) Plan a meeting with Emergency Planning Team and Community Partners to evaluate effectiveness of current disaster plan and seek suggestions for improvements.
- 9) Utilize TAMs/Instructions from GOEA/Baton Rouge for specific re-opening guidelines according to CDC and LDH. (LA Dept of Health)
- 10) If Senior Center was shut down, advertise "re-opening" (if applicable) in local newspaper and on local TV stations. Publish and post guideline/safety requirements. Above all else, make seniors feel they are "Welcome Back"!

## Disaster Plan Review Form

The Disaster Plan for Quachita Council on Aging has been reviewed and approved by the board of directors on 3-30-22.  
Date

Check the appropriate box:

- ☐ Disaster Plan was reviewed and there were no procedural changes or modifications.
- ☐ Disaster Plan was reviewed and changes/modifications to the procedures have been approved by the board of directors and are attached (Modified plan and board approval verification).
- ☒ Disaster plan was reviewed and there were only changes to the staff/staff contact information which is attached to this form as an appendix.

  
Agency Director

3-30-22  
Date

Resolution #22-03

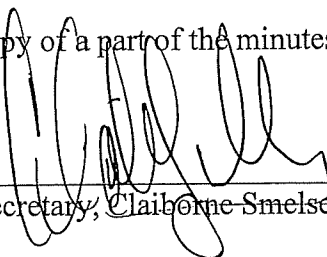
OUACHITA COUNCIL ON AGING, INC.

BOARD RESOLUTION

BE IT RESOLVED THAT the Board of Directors of the Ouachita Council on Aging, Inc., meeting in its regular session on Wednesday, March 30, 2022, at 12:00 noon at the Carolyn Rose Strauss Senior Center, 2407 Ferrand Street, Monroe, LA, did approve the Continuity of Operations Plan/Emergency Preparedness Plan for the Ouachita Council on Aging/Area Agency on Aging, bearing original date of April 2021, with last review and update being done in March 2022.

THE ABOVE RESOLUTION was passed by a majority of those present and voting in accordance with the by-laws and articles of incorporation.

I HEREBY CERTIFY THAT the above and foregoing constitutes a true and correct copy of a part of the minutes of a meeting of the Board of Directors.

  
\_\_\_\_\_  
Secretary, Claiborne Smelser

OCA Board Resolution March 2022