

**Chicago Department of Family and Support Services Senior
Services Area Agency on Aging Advisory Council**



Application for Membership

2024

Brandon Johnson
Mayor
City of Chicago

Brandie Knazze
Commissioner
Chicago Department of Senior Services

Chicago Department of Family and Support Services Senior Services Area Agency on Aging Advisory Council

Thank you for your interest in serving as a council member. The Department of Family and Support Services Senior Services Division serves as the Area Agency on Aging for the city of Chicago.

Area Agencies on Aging (AAA) strive to ensure the needs and wellbeing of older adults are met. AAAs coordinate and offer services that help older adults to thrive, live independently and age as safely as possible within their homes and communities. Funding for events and services is provided through multiple funding sources including state, federal and city corporate funds.

AAAs assist with referral and access to services that include but are not limited to home-delivered meals, congregate meals, in-home supports, disease prevention and health promotion, family caregiver support, Senior Centers (fitness and recreational activities) as well as other resources as needed.

Council Members provide valuable input for programs and services. Council members advocate for older adults by identifying service gaps that exist in the community and making recommendations on how to strengthen and/or expand programming in a way that supports an Age Friendly city and that helps older adults to live their best lives.

The council shall advise on the following:

- Developing and administering the area plan,
- Ensuring plan is accessible and available to the public,
- Conducting public hearings, representing the interests of older individuals and family caregivers and
- Reviewing and commenting on community policies, programs and actions which affect older adults and family caregivers supporting maximum coordination and responsiveness to older individuals and family caregivers.

The council shall include individuals and representatives of community organizations within the planning service area who will assist with developing community systems of services focusing on those in greatest economic and social need.

The council shall be comprised of the following:

- More than 50% older individuals including minority individuals with efforts to include those with greatest economic and social need;
- Family caregivers which may also include older relative caregivers;
- Representatives of health care providers including providers of veteran's health care;
- Representatives of service providers (for ex legal assistance, nutrition, evidence based disease prevention/health promotion, caregiver etc.)
- Persons with leadership experience in private and voluntary sectors;
- Local elected officials;
- The general public;
- As available, representatives from Indian Tribes, Pueblos or Tribal aging programs;
- Older relative caregivers, including kin and grandparent caregivers of children or adults age 18 to 59 with a disability

Conflicts of Interest

The council shall not operate as a board of directors for the Chicago Area Agency on Aging. Individuals may not serve on both the advisory council and the board of directors.

Ethics Requirement

Council members shall complete online ethics requirements.

Membership

Applicants may apply for advisory council membership under two categories: *General Membership* or *Special Membership*.

General Membership are for applicants aged 60 or above. *Special Membership* are for applicants that meet one of the following categories: is a health or service provider, public member, elected official, leadership in volunteer or private sector, representative of Indian tribes, pueblos or Tribal aging programs, or a caregiver of an older relative caregivers, including kin and grandparent caregivers of children or adults aged 18 to 59 with a disability.

APPLICATION FOR ADVISORY COUNCIL MEMBERSHIP

Check Appropriate Category:

General Membership

(ages 60 and above)

Special Membership

(meets at least one of categories; health or service provider, public member, elected official, leadership in volunteer or private sector, caregiver, representative of Indian tribes or programs)

Name: _____

Address: _____ Zip Code: _____

Telephone: _____ Birth Date: _____

Email: _____

Gender Identity (Optional):

Male Female Intersex Transgender Non-binary Questioning

Culturally Specific Identity (e.g., two-spirit) Different identity Doesn't know

Prefers not to answer

Pronouns:

She/Her/Hers Him/He/His They/Them/Theirs Not Listed: _____

Race/ Ethnicity: (select all that apply)

American Indian or Alaska Native

Asian

Black or African American

Latino/a/x (Hispanic) White

Multi-racial/ Bi- Racial

Native Hawaiian/ other Pacific Islander

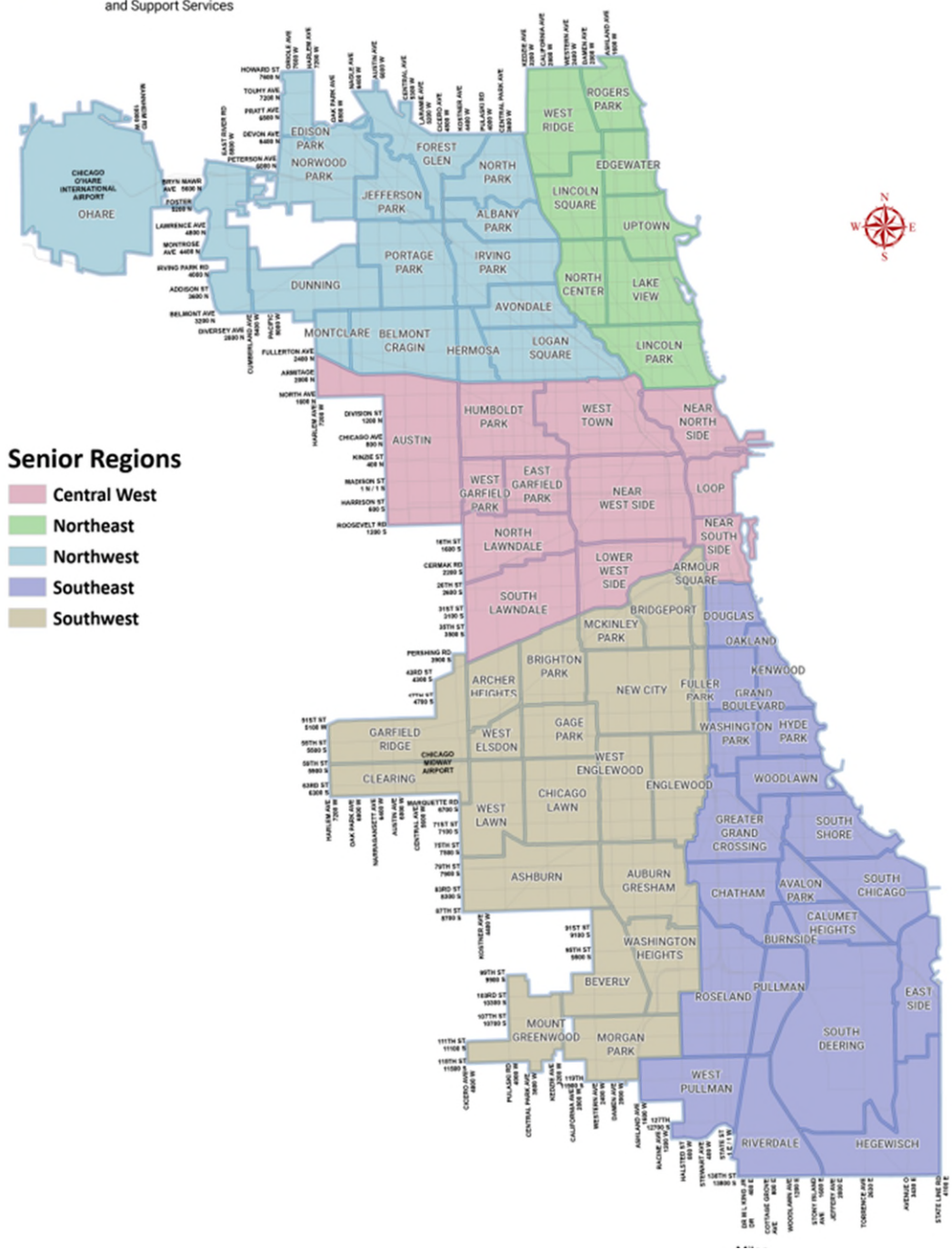
White

Other Race/ Ethnicity *specify/optional*: _____

Which Chicago community area do you reside? (Reference Map)



Senior Services Area Plan Regional Map



Why do you want to join the Advisory Council?

****Applicants for SPECIAL MEMBERSHIP proceed to next page****

Do you participate in programs and activities at DFSS Senior Services/AAAs Regional or Satellite Senior Centers? Which center(s)? Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Abbott Park | <input type="checkbox"/> North Center |
| <input type="checkbox"/> Auburn Gresham | <input type="checkbox"/> Norwood Park |
| <input type="checkbox"/> Austin | <input type="checkbox"/> Northeast- Levy Senior Center |
| <input type="checkbox"/> Chatham | <input type="checkbox"/> Northwest- Copernicus Center |
| <input type="checkbox"/> Central West- Regional Center | <input type="checkbox"/> Portage Park |
| <input type="checkbox"/> Downtown- Renaissance Court | <input type="checkbox"/> Pilsen Center |
| <input type="checkbox"/> Edgewater | <input type="checkbox"/> Roseland |
| <input type="checkbox"/> Englewood | <input type="checkbox"/> South Chicago |
| <input type="checkbox"/> Garfield Ridge | <input type="checkbox"/> Southeast- Atlas Senior Center |
| <input type="checkbox"/> Kelvyn Park | <input type="checkbox"/> Southwest- Regional Center |
| | <input type="checkbox"/> West Town |

Check the programs and activities that you participate in or participated in the past:

- | | |
|---|--|
| <input type="checkbox"/> Golden Diner | <input type="checkbox"/> Resource Fairs |
| <input type="checkbox"/> Computer Training | <input type="checkbox"/> Wellness Education & Health Promotion |
| <input type="checkbox"/> Chicago Fitness Plus | <input type="checkbox"/> Senior Fest |
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Trips |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Other: _____ |

Have you participated in any other programs for Seniors? Yes No

Optional: If Yes, please describe

SPECIAL MEMBERSHIP APPLICANTS

The Council may include individuals or representatives with “special membership” Please check the appropriate category under which you are applying for special membership consideration :

Area of Representation (Special Membership Applicants only):

Northeast Northwest Southeast Southwest Central West

- Representative of a health care providers including those representative of a veterans’ health care
- Representative of a service provider organization
- Individual with leadership experience in the private sector
- Individual with leadership experience in the voluntary sector
- Member of the Public
- Local Elected Official
- Caregiver
- Representatives from Indian Tribes, Pueblos or Tribal aging programs;
- Older relative caregivers, including kin and grandparent caregivers of children or adults age 18 to 59 with a disability

Applicant - Indicate your position and name of organization. Briefly describe your responsibilities (*may attach synopsis*); or describe leadership experience in private and/or voluntary sectors: or your experiences as a member of the public and/or caregiver with supporting older adults (*You may attach additional information*):

I understand that I will be expected to attend all meetings, participate in committees, and serve the council as needed. The Council meets the first Wednesday of each month, September through June.

NOMINEE'S SIGNATURE _____

DATE _____

DEADLINE FOR SUBMISSION OF APPLICATION:
December 13, 2024

Submit application online OR in-person:

Online

https://docs.google.com/forms/d/e/1FAIpQLSeX IX I kdLGLXNx-au C-juRIF_nX6IH7W-O4zKeK-sm_9pA/viewform?usp=sharing

In-Person

Submit at any Regional Senior Centers:

- Central West-Regional Center
- Downtown- Renaissance Court
- Northeast Levy Center
- Northwest Copernicus Center
- Southeast- Altas Center
- Southwest Regional Center



***For more information, we encourage all applicants to attend the Advisory Council Informational Sessions at the six regional senior centers listed on the next page. Successful applicants will be contacted for an interview. ***

(FOR OFFICE USE ONLY)

Received date (dd/mm/yyyy): _____
Received by (name of DFSS staff member): _____
Received at (name of DFSS location/online): _____
Copy of application given to applicant? (circle one): YES NO

Senior Advisory Council Application Announcement

The application process for Advisory Council membership will begin on **November 14, 2024** and will end on **December 13, 2024**. Applications can be submitted online or dropped off at six regional senior center locations located across the city. Advisory Council Informational Sessions for those who would like to apply will be held throughout the month of November at six regional senior centers located across the city. The sessions and regional senior center locations are as follows:

CENTRAL WEST- Regional Senior Center

November 15, 2024

9:00 am - 10:30 am

2102 W. Ogden Ave

312-746-5300

SOUTHWEST-Regional Senior Center

November 25, 2024

10:30 am - 12:00 pm

6117 S Kedzie Ave

312-747-0440

Renaissance Court/Downtown

November 18, 2024

11:30 am - 1:00 pm

78 E Washington St

312-744-4550

SOUTHEAST- Regional Senior Center

November 26, 2024

12:00 pm - 1:30pm

1767 E. 79th St

312-747-0189

NORTHWEST- Copernicus Senior Center

November 21, 2024

12:00 pm- 1:30 pm

3160 N Milwaukee Ave

312-746-6681

NORTHEAST-Levy Senior Center

November 22, 2024

10:00 am - 11:30 am

2019 W Lawrence Ave

312-744-0784