



## Needs Assessment for 2025 Area Plan

Dear Interested Person or Organization:

NIAAA is in the process of developing our area plan which will begin in October 2024. As part of the planning process, we need your feedback on funding priorities. Please take a moment and answer the following questions. Feel free to use additional pages and/or just send us an email at [gnyhammer@nwilaaa.org](mailto:gnyhammer@nwilaaa.org) with your comments by February 1, 2024.

Name of Organization / Person (optional): \_\_\_\_\_

### **1. Community Services** (Title III-B)

NIAAA currently funds the following community services. Please indicate if the funding is adequate, inadequate and add any relevant comment.

	Adequate	Inadequate	Comment
a. Information and Assistance	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Transportation	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Legal	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Miscellaneous financial help	<input type="checkbox"/>	<input type="checkbox"/>	_____

Are there other community services that NIAAA should fund? Please describe.

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### **2. Meals** (Title III-C1 and C2)

NIAAA funds both congregate and home delivered meals. Please indicate if the funding is adequate, inadequate and add any relevant comment.

	Adequate	Inadequate	Comment
a. Congregate meal	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Home delivered meals	<input type="checkbox"/>	<input type="checkbox"/>	_____

Any suggestions for improving the meal programs? \_\_\_\_\_

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**3. Disease Prevention & Health Promotion** (Title III-D)

NIAAA funds services for disease prevention and health promotion services at senior centers, congregate meal sites, through home delivered meal programs, etc.

Do you have any suggestions or comments regarding these services? \_\_\_\_\_

\_\_\_\_\_

**4. Caregiver Support Program** (Title III-E)

NIAAA funds the Caregiver Support Program. Do you have any suggestions or comments regarding these services? \_\_\_\_\_

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**5. Other needed services**

Do you have suggestions for other needed services? Please describe. \_\_\_\_\_

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**6. Additional information**

Please provide any additional information of which you think NIAAA should be aware.

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