

August 2023

Newsletter



Toll Free: 866-743-5144

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SENIOR NUTRITION PROGRAM

CELEBRATE • INNOVATE • EDUCATE

OCTOBER 12, 2023

SUNSET PLACE APARTMENTS

216 Sunset Place

Neillsville, WI 54456

**WATCH FOR MORE INFORMATION COMING IN THE
SEPTEMBER NEWSLETTER**



**IT'S NEVER
TO LATE**



COMPUTER CLASSES FOR OLDER ADULTS



6-weeks of classes For older adults

basic to intermediate coursework

Small class size for individualized attention

You do not have to own a computer to attend

If you need assistance to be able to attend contact us

Contact the ADRC for more information

715-743-5166

1-866-743-5144

Next Session starting: August 29, 2023

6 weeks: August 29, Sept 5, 12, 19, 26, Oct. 3rd 10:00AM—11:30

Where: Loyal Public Library

214 N Main St. Loyal, WI



"CVTC does not discriminate on the basis of race, color, national origin, sex, disability, or age in employment, admissions, programs, or activities. General inquiries regarding the College's non-discrimination policies may be directed to: Director of Human Resources, Chippewa Valley Technical College, 620 W. Claremont Ave. Eau Claire, WI 54701.



Farmer's Market Vouchers are still available!!

**Age 60 or older (or age
55 if Native American)**

Effective: **June 1, 2023** Based on 185% of the US Dept. of 2023 Health & Human Services Poverty Guidelines.

Use total gross income—before taxes and deductions—of ALL household members.

Household Size	Yearly	Monthly	Weekly
1	\$26,973	\$2,248	\$519
2	\$36,482	\$3,041	\$702
3	\$45,991	\$3,833	\$885
4	\$55,500	\$4,625	\$1,068

ADAPTIVE EQUIPMENT

The ADRC office has several pieces of DME equipment available in our Loan Closet. Call for further details 715-743-5166. We are in need of wheelchairs in good condition.

We are also accepting donations of unused/unopened incontinence garments.



Heat-Related Illnesses

Exposure to prolonged heat and humidity without relief or adequate fluid intake can cause various types of heat-related illnesses. Heat-related illnesses are very preventable.

Heat-related illnesses are most likely to affect:

- ✓ The elderly and infants
- ✓ People with high blood pressure or other serious medical conditions
- ✓ People who are overweight



Heat-Related Illness Symptoms

Elevated body temperature

Headache

Irritability

Nausea

Thirst

Dizziness

Weakness

Heavy sweating

Decreased urine



Preventing Heat-Related Illnesses



Stay Cool

- Wear lightweight, loose-fitting clothing.
- Stay in an air-conditioned place as much as possible. If you do not have air conditioning, go to a local grocery store or public library. Spending a couple of hours in air conditioning can help your body stay cooler when you go back into the heat.
- Take a cool shower or bath.
- Avoid hot and heavy meals; they add heat to your body.



Stay Hydrated

- Drink plenty of fluids. Don't wait until you're thirsty to drink. ***If your doctor limits the amount you drink, ask how much you should drink during hot weather**
- Stay away from sugary or alcoholic drinks - these types of drinks actually cause you to lose more body fluid.
- Keep your pets hydrated too.



Stay Informed

- Check your local news for extreme heat alerts and to learn about any cooling shelters in your area.
- Learn the signs and symptoms of heat-related illnesses and how to treat them.
- Monitor those at high risk. Check on your high risk neighbors, friends, and family.

Call 911 for any of the following symptoms:

- Confusion
- Body temp >103 F
- Dizziness
- Fast, weak pulse
- Fainting

Source:
[Centers for Disease Control and Prevention](#)



Heat Exhaustion

Heat Stroke

ACT FAST

- Move to a cooler area
- Loosen clothing
- Sip cool water
- Seek medical help if symptoms don't improve

Dizziness

Thirst

Heavy Sweating

Nausea

Weakness



Confusion

Dizziness

Becomes Unconscious

ACT FAST

CALL 911

- Move person to a cooler area
- Loosen clothing and remove extra layers
- Cool with water or ice

Heat exhaustion can lead to heat stroke.

Heat stroke can cause death or permanent disability if emergency treatment is not given.



Stay Cool, Stay Hydrated, Stay Informed!



Through a portion of Marshfield Clinic's Youth Prevention State Opioid Response (SOR) grant, the Clark County Prevention Partnership recently received 800 Deterra medication deactivation pouches. Our goal is to distribute as many of these as we can, *for free*, to Clark County community members—in order to deter unwarranted access to expired/unused medications within the home.

Deterra destroys unused medications in 3 easy steps:

- Medications are placed into the pouch
- Water is added
- Contents are shaken & then thrown away

Unpaid Medical Bills and Older Adults

By the GWAAR Legal Services Team (for reprint)

The Consumer Financial Protection Bureau's (CFPB's) Office for Older Americans recently released a report on medical billing and collections that showed that even though most older adults have insurance coverage, many of them have unpaid medical bills and are in collections. According to the report, these bills are often due to improper billing practices. Unfortunately, these unpaid bills can have significant negative emotional and financial effects.

According to the CFPB report, most adults over the age of 65 have health insurance, like Medicare, Medicaid, or coverage through the Veterans Administration (VA). However, nearly four million older adults had medical bills they were unable to pay in full in 2020. Those with unpaid medical bills were more likely to be people of color, to have multiple medical conditions, to have other debts, and/or to have incomes between 100 and 200% of the federal poverty level.

While thirteen percent of older adults with unpaid medical bills had no health insurance, almost 70% of those with unpaid medical bills did have coverage from more than one source, like Medicare, Medicaid, Medigap, employer group health coverage, or Tricare. In fact, older adults with both Medicare and Medicaid are more likely to report unpaid medical bills than the general older adult population. In addition, they report that they owe higher dollar amounts toward these bills than older adults who are not enrolled in both Medicare and Medicaid. Individuals who are dually eligible for these programs should have little to no out-of-pocket costs for Medicare-covered care because federal and state laws prohibit providers from billing them more than a nominal co-pay for these services. Therefore, it appears that providers may be billing dually eligible older adults improperly.

According to the CFPB report, many of these unpaid bills are due to inaccurate billing. This may be because older adults are more likely to have multiple chronic health conditions requiring complex care. Some of this care requires providers to use "higher-intensity" medical billing codes, which in turn require more detailed documentation. Claims using these codes face more scrutiny from insurance providers because of

concerns about overuse. As a result, this can lead to billing errors and subsequent claim denials.

Moreover, older adults are more likely to have multiple forms of insurance coverage for their medical care than adults under the age of 65. Unfortunately, having more than one insurer makes the billing process more complex.

In fact, CFPB debt collection complaints involving Medicare show that inaccurate billing is a common issue for individuals with more than one insurer. In 53% of these complaints, people with Medicare reported that the underlying debt was inaccurate. However, 61% of people with more than one insurer reported that the underlying debt was inaccurate. Billing complexities associated with multiple chronic health conditions or more than one form of insurance coverage can lead to delays in payment, errors in who is billed for services, and providers inappropriately seeking reimbursement directly from patients.

To read the full CFPB report, please see: <https://www.consumerfinance.gov/data-research/research-reports/issue-spotlight-medical-billing-and-collections-among-older-americans/full-report/>. □

Good Cause Exceptions to FoodShare Work Requirements

By the GWAAR Legal Services Team (for reprint)

The Wisconsin Department of Health Services (DHS) recently published an [Operations Memo](#) introducing good cause exceptions to the work requirements for Able-Bodied Adults [Without Dependents](#) (ABAWDs) to receive FoodShare benefits. Work requirement rules had been suspended during the Public Health Emergency period but are now back in effect.

Under the work rules, FoodShare members between the ages of 18 and 49 who do not live with a food unit member under 18 years old, typically can only get FoodShare benefits for three months within a three-year period unless they meet the

FoodShare work requirements. The new policy, which took effect on July 1, 2023, allows FoodShare members to receive up to 40 hours of credit per month for missing work activities due to circumstances such as:

- Work activity was cancelled
- Discrimination
- Family issues
- Illness or personal health reasons
- Inclement weather
- Legal issues
- Lack of transportation
- Unreasonable job demands
- Unanticipated emergency

Although the new policy will not directly affect consumers eligible for assistance through the Elder Benefit Specialist program, it may be helpful information to be able to pass along for other members of their households. ☐

Consumer Resources for the No Surprises Act

By the GWAAR Legal Services Team (for reprint)

The Centers for Medicare and Medicaid Services (CMS) recently introduced a new website with plain language, consumer-friendly information about the consumer protections in the No Surprises Act.

The No Surprises Act protects people covered under group and individual health plans from receiving surprise medical bills when they receive most emergency services, non-emergency services from out-of-network providers at in-network facilities, and services from out-of-network air ambulance service providers. It also establishes an independent dispute resolution process for payment disputes between plans and providers and

provides new dispute resolution opportunities for uninsured and self-pay individuals when they receive a medical bill that is substantially greater than the good faith estimate they get from the provider before receiving services.

The website provides information in both English and Spanish to help consumers understand:

- Actions they can take to exercise their rights and find a resolution if they receive an unexpected medical bill
- How to submit a complaint if they think their provider, facility, or insurance company didn't follow the rules of the No Surprises Act
- How to dispute a bill if they are uninsured or didn't use insurance and they were charged more than their good faith estimate
- How to connect with the No Surprises Help Desk

The website also provides resources about the No Surprises Act for health care providers. □

Medicare Coverage of Seat Elevation Technology in Power Wheelchairs

By the GWAAR Legal Services Team (for reprint)

The Centers for Medicare & Medicaid Services (CMS) recently announced that it will cover seat elevation technology in Medicare-covered power wheelchairs (PWCs). Previously, CMS considered seat elevation to be just an accessory for PWCs, which meant that it was not covered. Because CMS now considers seat elevation technology to be durable medical equipment, Part B of Original Medicare and Medicare Advantage plans will cover seat elevation for PWC users who need it to perform activities of daily living in the home. This means that PWC users will be able to more safely reach items and transfer to and from their wheelchairs.

Effective immediately, power seat elevation equipment will be considered medically

necessary and reasonable for individuals using complex rehabilitative PWCs when:

1. The individual has undergone a specialty evaluation that confirms the individual's ability to safely operate the seat elevation equipment in the home. This evaluation must be performed by a licensed or certified medical professional, like a physical therapist, occupational therapist, or other practitioner who has specific training and experience in rehabilitation wheelchair evaluations; and
2. At least one of the following apply:
 - a. The individual performs weight-bearing transfers to and from the PWC while in the home, using either the arms during an uneven sitting transfer or the legs during a sit-to-stand transfer. Transfers may be accomplished with or without caregiver assistance and/or the use of assistive equipment, like a sliding board, cane, crutch, or walker; or,
 - b. The individual requires a non-weight-bearing transfer to and from the power wheelchair in the home. Transfers may be accomplished with or without a floor or mounted lift; or
 - c. The individual performs reaching from the power wheelchair to complete one or more mobility-related activities of daily living (MRADLs) in the home, such as toileting, feeding, dressing, grooming, and bathing. MRADLs may be completed with or without caregiver assistance and/or the use of assistive equipment.

In addition, the Durable Medical Equipment Medicare Administrative Contractor (DME MAC), which processes claims for individuals enrolled in original Medicare, has discretion to determine whether coverage of power seat elevation equipment is medically necessary and reasonable for individuals who use Medicare-covered PWCs other than rehabilitative PWCs. These coverage decisions will be made on a case-by-case basis.

For more information, please see the CMS Decision Summary here:

<https://www.cms.gov/medicare-coverage-database/view/ncacal-decision->

[memo.aspx?proposed=N&ncaid=309&doctype=all&timeframe=30&sortBy=updated&bc=20](#). If you would like to know whether Medicare or your Medicare Advantage plan will cover seat elevation equipment for your PWC, please speak with your healthcare provider. ☐

Top Ten Tips for Successful Aging

By the GWAAR Legal Services Team (for reprint)

“It’s all in your mind” isn’t just a saying, it’s a life skill. According to Neuroscientist Dr. Daniel Levitin, who studies brains as they age, these are the ten life habits for successful aging:

1. Delay retirement, and when you do retire, take up volunteering or hobbies. Continue to be engaged in meaningful work.
2. Look forward, not back.
3. Exercise to get your heart rate going, preferably in nature.
4. Embrace a moderate lifestyle.
5. Keep your social circle exciting and new.
6. Spend time with people younger than you.
7. See your doctor regularly, but not obsessively.
8. Don’t think of yourself as old.
9. Appreciate your cognitive strengths, including pattern recognition, crystallized intelligence, wisdom, and accumulated knowledge.
10. Practice cognitive transfer (the act of learning, remembering, and problem-solving). This comes from experimental thinking, travel, spending time with grandchildren, and immersion in new activities.

Tips from: <https://www.pbs.org/newshour/show/a-neuroscientist-lays-out-the-keys-to-aging-well> ☐

Residential Care Options

The Right Time

Most caregivers are committed to keeping a frail or ill loved one at home as long as possible. Maybe they promised not to put the care receiver in a “nursing home”—the worst fear of many adults living with a debilitating illness. But there are many reasons why moving to residential care outside the home is not only necessary, but also the right thing to do.

It is, however, a very difficult decision. Caregivers often struggle to care for a care receiver, waiting too long and compromising their own physical and emotional well-being, making the move even harder. There is not a “right” time—it is when you are ready or circumstances require it.

The decision to move your relative to a care residence is a very personal family decision. There are no clear-cut guidelines or answers for making this decision. Studies show that the main reasons for moving a loved one are: the need for more skilled care (tube feeding, wound care, intravenous medication, etc.); the health of the caregiver (back trouble, depression, cancer, etc.); dementia-related behaviors (such as exit seeking, sleeplessness, combativeness); need for more assistance (transferring, incontinence care, etc.); and debilitating mental health issues.

Other common reasons include discomfort with personal care (e.g. an adult child faced with incontinence care for his mother); fecal incontinence; lack of sleep; or the feeling that the care recipient no longer knows who you are. The change also may come after a hospitalization or medical crisis of the care receiver or caregiver, or when care plans change, such as when a loved one is no longer able to attend adult day care, or you are not able to find an appropriate home

care assistant to hire.

When the level of care needed is so high that you, as caregiver, feel a sense of failure or inadequacy, when your physical or mental health is at risk, or when there are no rewards left for you in caregiving, then it may be time to consider moving your loved one. Husbands and wives often find this decision particularly hard. And, if you've had a conflicted relationship with the care receiver, it can also be especially difficult.

Remember: The time for placement is when you are ready.

Steps You Can Take

- **Be informed**—don't wait for a crisis or until you are totally burned out. Plan ahead, learn about options, [explore](#) choices in your community. This will increase your decision making control.
- **Have a family meeting**—with or without the care recipient. Talk honestly about the situation. Consider what each person has observed and what each person is willing to do to help. Be clear about all the caregiving tasks and responsibilities. Is hiring in-home help an option? What can be done if there is family conflict over the decision? (See FCA Fact Sheets: *Holding a Family Meeting*, and *Hiring In-Home Help*).
- **Get support**—from family, friends, extended family. It is hard to make this decision on your own and feel that you have all the responsibility for the decision. It may be hard to admit to your own limitations.
- **Attend a support group or get counseling.** Meeting with a counselor skilled in helping caregivers is known to help with decision making and reduce caregiver burden.
- **If the care recipient is able to understand and participate in decision making, talk with them about your limitations**—what you can and cannot do. Balance the positive and negatives for you and your loved one.

Placement in a facility may be in the best interest of both of you.

- **Discuss money openly so that a decision is made consistent with what the financial situation is for the care receiver.** Explore options such as Medicaid. (See FCA Fact Sheet *What Every Caregiver Needs to Know About Money*)
- **Try a respite stay**—many facilities will allow someone to stay for a week or two to “try it out.”
- **What is your bottom line**—at what point would you feel you could have your loved one in a facility without feeling guilty? Everyone has their own turning points; they are neither wrong nor right.
- **Feelings**—this is hard. But difficult doesn’t mean wrong.
 - **Guilt**—means you did something wrong. Moving to a facility may be the best decision for the health and safety of the care receiver, as well as for you. Putting yourself first and taking care of your needs is not selfish. If you made a promise not to place your loved one, know that you made that promise at a time when you did not know what the future care needs would be. It was true at the time, but things change.
 - Feelings of ambivalence are natural—wanting to take care of someone and also wanting it to be over.
 - **Regret**—that you are in this situation and have to make this decision. It is not your fault; it is no one’s fault. Accept that you can’t control the disease or the course of the illness.
 - **Grief**—over loss of how you would have wanted life to be for you and your loved-one, loss of your role as primary caregiver, potential loss of your control and responsibility.
 - **Sadness**—it’s ok to cry and feel bad about the decision, but still

know it is right and what needs to happen.

- **Fear**—that your loved one won't be taken care of the way you take care of him or her. This is true. He or she will be taken care of differently and will have someone who comes to work each day fresh and has the energy to be a caregiver, rather than you—perhaps exhausted and burned out, or maybe ill yourself. But you are the one who loves him/her and no one can replace that.
 - Thinking that going to a facility means he/she will die (sooner)—that it is a death sentence. But question your negative thoughts. Recognize it is regret and possibly guilt you are feeling.
- **Uncertainty**—and second guessing. Did I make the right decision? Could I have continued to care at home? Is this the right place for my loved one? What will I do when I am no longer a caregiver? Do I have a right to enjoy myself?
- **Responsibility vs. Obligation vs. Love**—all of these emotions play a part. Try to sort out which is influencing your decision.

Special Concerns when the care receiver has dementia:

- Caregivers are more stressed.
- Long-term nature of illness makes it more difficult to decide when it is the right time.
- Anger/frustration are common—at behaviors, at the illness, at the medical system.
- Safety for yourself and for the person with dementia.
- Finding the right facility takes more consideration.

Most caregivers experience less burden and their own well-being improves after placement, with less overload and less tension. But, you may also experience loneliness and the loss of your role as a caregiver, as well as depression. Remember: caregiving doesn't end, but it does change, after placement (see the FCA Tip Sheet [Caregiving Doesn't End When Your Loved One Moves](#)).

Other Tip Sheets

1. [The Right Time](#)
2. [Housing Options](#)
3. [Choosing The Right Place](#)
4. [Caregiving Doesn't End When Your Loved One Moves](#)
5. [Visiting Someone With Dementia](#)

More Resources

Family Caregiver Alliance *National Center on Caregiving*
(415) 434-3388 | (800) 445-8106 Website: <https://caregiver.org/>

Visit WisconsinCaregiver.org for free online training, resources, and connections to local programs that can support you in your caregiving role.

**WATCH FOR THE ADRC AND SOCIAL SERVICES
AT THE
CLARK COUNTY FAIR!!
AUGUST 9 - 13, 2023**





Clark County
Rehabilitation & Living Center

WE'RE HIRING

Come Grow with Us!

Registered Nurse Licensed Practical Nurse
Certified Nursing Assistant

Full-time, Part-time & Casual Positions

A.M., P.M., & NOC Shifts

Applications available: https://www.clarkrehabandliving.com/jobs/employment_application.pdf



For questions about open positions contact:
Amanda Erickson, Human Resources Manager
(715) 229-0233

Send applications to: **W4266 CTY HWY X**
Owen, WI 54460



Photo Courtesy of Pixabay.com

Did you Know...

In the last 20 years, the number of adults diagnosed with diabetes has more than doubled as the American population has aged and become more overweight or obese.

In WI ~ 1 out of 4 adults aged 65+ have been diagnosed with diabetes.

Diabetes is the 7th leading cause of death in the United States (and may be underreported).

EAT WELL, AGE WELL. August- Diabetes

According to the National Institute on Aging, Millions of older Americans have “prediabetes.” This means their glucose levels are higher than normal but not high enough to be called diabetes. A fasting blood sugar level of 99 mg/dL or lower is normal, 100 to 125 mg/dL indicates you have prediabetes, and 126 mg/dL or higher indicates you have diabetes. Note these levels can be affected by stress and illness so this is a guide range that should be discussed with your doctor. People with prediabetes have a greater chance of developing type 2 diabetes and having a heart attack or stroke.

If you have prediabetes, there are things you can do to prevent or delay getting type 2 diabetes. Losing weight may help. Healthy eating and being physically active can make a big difference. The recipe & links on the next page can help assist you! Get help with quitting smoking (if you smoke), because smokers are more likely than nonsmokers to develop type 2 diabetes. Make sure to ask how often you should have your glucose levels checked. Your doctor may also talk with you about taking medication to delay or prevent type 2 diabetes.

If you have diabetes, your doctor may screen you for depression or cognitive impairment. Older adults with diabetes are at higher risk for these conditions, compared with others their age who do not have diabetes. You can also ask to be screened if you have concerns.

Smoked-Paprika Salmon

This recipe can be enjoyed hot or cold on a salad.

Ingredients

- Dijon mustard 1 tbsp
- Maple syrup 2 tsp
- Smoked paprika 1 tsp
- Salmon (divided into 2 portions) 8 oz
- Olive oil 1/2 tsp
- Salt or Salt-Free Blend 1/4 tsp
- Black pepper 1/4 tsp

Nutrition Facts	
2 Servings	
Serving Size	4 oz
Amount per serving	
Calories 210	
Total Fat 9g	
Saturated Fat 2g	
Trans Fat 0g	
Cholesterol 65mg	
Sodium 415mg	
Total Carbohydrate 6g	
Dietary Fiber 1g	
Total Sugars 4g	
Protein 23g	
Potassium 470mg	
Phosphorus 320mg	

Choices/Exchanges: 3 Lean protein, 1 Fat

Directions

1. Preheat the oven to broil. Set the rack 6 inches from the heat source. Line a broiler pan with foil.
2. In a small bowl, combine the mustard, maple syrup, and paprika; set aside.
3. Brush each salmon portion with olive oil. Sprinkle with salt and black pepper. Put the salmon fillets, skin side down, on the broiler pan and broil the salmon for 8 to 9 minutes. Brush on the mustard mixture and broil for 2 minutes more. Watch carefully so the salmon does not burn.

Recipe adapted from https://www.diabetesfoodhub.org/recipes/smoked-paprika-salmon.html?home-category_id=20

Learn more about diabetes at <https://www.nia.nih.gov/health/diabetes-older-people>

Recipe Resources

- 40-Page Recipe Booklet for People with Diabetes https://www.cdc.gov/diabetes/pdfs/managing/tasty_recipes_for_people_with_diabetes-508.pdf
- Diabetes Food Hub Recipes <https://www.diabetesfoodhub.org/all-recipes.html>

SPARK YOUR MEMORIES

Sharing your story with your loved ones means more than you know.

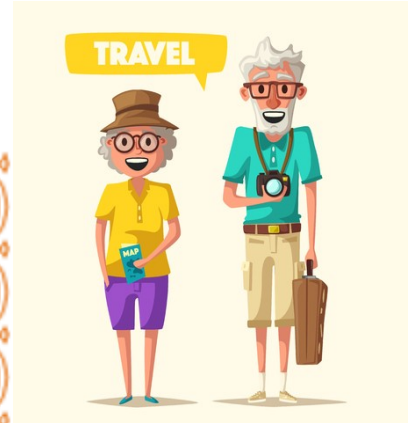
Follow our newsletters as we ask some great “SPARK” questions to reminisce those great memories.

“Spark” Cards



How do you stay active?

Do you do any exercises?



August 2023



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4 BINGO Greenwood Center @ 11:30	5
6	7	8	9 CLARK CO FAIR	10 CLARK CO FAIR	11 CLARK CO FAIR BINGO Greenwood Center @ 11:30	12 CLARK CO FAIR
13 CLARK CO FAIR	14	15 Loyal Library Lunch & Learn Call library to sign up 715-255-8189	16	17	18 BINGO Greenwood Center @ 11:30	19
20	21	22 Greenwood Library Lunch & Learn Call library to sign up 715-267-7103	23	24	25 BINGO Greenwood Center @ 11:30	26
27	28	29	30	31		

Take pride in how far you've come

F H F R L K S B O P P O R T U N I T Y O J H O A
 K A I B A M B I T I O N C F Q P Z V G T I P L B
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 I M O T I V A T I O N D T J G N N O Z P R I D E
 E G P E R S I S T E N T Y X T A G N O F B U G F

Trust	Positivity	outstanding	Motivation	Knowledgeable	imagination
happy	Focus	Power	Believe	talent	Smart
persistent	Optimistic	memories	kindness	hope	Happineses
fearless	driven	Create	ambition	victory	Success
pride	perseverance	Opportunity	love	integrity	Honest
gratitude	Excellence	dreams	courage	Achieve	understanding
Strength	Possibility	Passion	nice	life	Inspire
hardwork	goals	Enjoy	Determination	Compassion	Ability



ADRC Director

Lynne McDonald

ADRC Financial / Nutrition Manager

Lynn Crothers

ADRC Admin. Assistant

Kim Stetzer

Elder Benefit Specialist

Terri Esselman

Disability Benefit Specialist

Crystal Rueth

I&A Specialist

Hannah Quicker

Michelle Berdan

ADRC Newsletter Online:

<http://www.co.clark.wi.us/index.aspx?NID=767>

ADRC Toll Free Line

1-866-743-5144

ADRC Local Number

715-743-5166

ADRC Fax Number

715-743-5240

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clarkadrc@co.clark.wi.us

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