ASSEMBLY STANDING COMMITTEE ON AGING

NOTICE OF PUBLIC HEARING

SUBJECT: Programs and services offered by Area Agencies on Aging for older New Yorkers and their caregivers.

PURPOSE: To examine the availability, effectiveness, and efficiency of programs and services provided to older New Yorkers and their caregivers through Area Agencies on Aging.

ALBANY
Friday, November 22, 2019
10:00 AM
Hearing Room C
Legislative Office Building, 2nd Floor
Albany, NY

Area Agencies on Aging, in collaboration with the New York State Office for Aging, provide a wide variety of important programs and services to support and empower older New Yorkers and their caregivers. This hearing seeks to examine the programs and services offered by Area Agencies on Aging and their current needs. The Committee also seeks testimony to evaluate the funding available for these programs, including the $15 million in funding allocated in the 2019-2020 enacted State budget for the Expanded In-Home Services for the Elderly Program (EISEP) designed to eliminate unmet need.

Persons wishing to present pertinent testimony to the Committee at the above hearing should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

Oral testimony will be limited to 10 minutes’ duration. In preparing the order of witnesses, the Committee will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible.

Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committee would appreciate advance receipt of prepared statements.

In order to further publicize these hearings, please inform interested parties and organizations of the Committee’s interest in hearing testimony from all sources.

In order to meet the needs of those who may have a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

Harry Bronson
Member of Assembly
Chairperson
Committee on Aging
PUBLIC HEARING REPLY FORM

Persons wishing to present testimony at the public hearing on programs and services offered by Area Agencies on Aging for older New Yorkers and their caregivers are requested to complete this reply form as soon as possible and mail, email or fax it to:

Benjamin Decker
Assembly Committee on Aging
Room 513, Capitol Building
Albany, New York 12248
Email: deckerb@nyassembly.gov
Phone: (518) 455-4881
Fax: (518) 455-7250

☐ I plan to attend the following public hearing on programs and services offered by Area Agencies on Aging for older New Yorkers and their caregivers to be conducted by the Assembly Committee on Aging on Friday, November 22, 2019.

☐ I plan to make a public statement at the hearing. My statement will be limited to 10 minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.

☐ I will address my remarks to the following subjects:

________________________________________

☐ I do not plan to attend the above hearing.

☐ I would like to be added to the Committee mailing list for notices and reports.

☐ I would like to be removed from the Committee mailing list.

☐ I will require assistance and/or handicapped accessibility information. Please specify the type of assistance required:

_____________________________________________________________________

NAME: ___________________________________________________________________

TITLE: ___________________________________________________________________

ORGANIZATION: __________________________________________________________

ADDRESS: _______________________________________________________________

E-MAIL: ___________________________________________________________________

TELEPHONE: _______________________________________________________________

FAX TELEPHONE: ___________________________________________________________