Davis County Health Department
Senior Services Advisory Council

Current Contact Information

Name _____

Address _____

Work Telephone _____

Cellular Telephone _____

Email Address _____

Annual Questionnaire

As part of the Older Americans Act, we are required to report our Senior Services Advisory Council composition each year. Please check any of the following which apply to you. (You may check more than one box.)

	60 Years of Age or Older - Individuals
	60 Years of Age or Older - Minority Individuals
	60 Years of Age or Older -Residing in Rural Areas
	Representative of Older Individuals
	Local Elected Official
	Representative of Providers of Health Care (including Veterans Health Care, if applicable)
	Representative of Supportive Service Provider Organizations
	Person with Leadership Experience in the Voluntary and Private Sectors
	General Public
	Serve(d) in the Military

References: OAA Sections 306(a)(6)(F)FED 45 CFR Part 1321.57