

NOTICE !
To Grant County Citizens
Unified Community Services of Grant & Iowa Counties
Grant County Department of Social Services
Aging and Disability Resource Center of Southwest Wisconsin South - Grant County

WILL HOLD A PUBLIC HEARING

When: Thursday, July 28th

Time: 5:00pm

Where: Community Services Bldg.
Lobby Conference Room
8820 Hwy. 35/61 South
Lancaster, WI 53813

or

Join Zoom Meeting Via Zoom Link

<https://us02web.zoom.us/j/82197280034?pwd=ZFZlZaTZzV0ovUXFqc05sZFdwSzBBUT09>

Meeting ID: 821 9728 0034

Passcode: 456201

One tap mobile

+13126266799,,82197280034#,,,,*456201# US (Chicago)

Topic: 2023 budgets & programs for the above departments

Programs and services to be addressed: Abused and neglected children and adults, community mental health, developmental disabilities, alcoholism and drug abuse services, juvenile delinquents, elderly, children and families, and the Alzheimer's Program.

This is your opportunity to express concerns, expectations, and proposals of services and programs for Grant County. Federal programs are NOT subject for discussion; examples are Food Stamps, General Relief, Fuel Assistance, and Medical Assistance.

Written comments must be received by August 31, 2022. Please send to:

Grant County Department of Social Services OR Unified Community Services

ATTN: LeaAnne Smith

PO BOX 447

Lancaster WI 53813

ATTN: Nancy Schmitz

200 W Alona LN

Lancaster, WI 53813

For further information, call:

LeaAnne Smith

(608) 723-2136, Ext. 1141

The building is handicapped accessible.

NOTICE
TO ALL INTERESTED GRANT COUNTY CITIZENS

Your help is needed to develop the 2023 programs and plans for the Grant County Department of Social Services, Unified Community Service of Grant and Iowa Counties.

PUBLIC HEARING

A public hearing will be held on **Thursday, July 28th at 5:00pm** Via Zoom and at the Community Service Building, 8820 Hwy 35/61 South, Lancaster, Wisconsin. If you are unable to attend this hearing, please complete the following questionnaire or send your personal letter to Grant County Department of Social Services, ATTN: LeaAnne Smith, PO Box 447, Lancaster WI 53813 or ATTN: Nancy Schmitz, 200 W Alona LN, Lancaster, WI 53813 by August 31, 2022.

This questionnaire and the hearing do not apply to financial assistance programs administered by the Department of Social Services.

QUESTIONNAIRE

The following groups of citizens receive services from Unified Community Services, Department of Social Services, and Aging & Disability Resource Center. For each group, please check ☐ if you believe that the current level of services to the following target groups should remain about the same, be increased, or be decreased.

If you check “increase” or “decrease,” please specify which services and/or give examples under that group.

- | | | | |
|----------------------------------|-------------------------------|-----------------------------------|-----------------------------------|
| 1. Abused or neglected children: | <input type="checkbox"/> same | <input type="checkbox"/> increase | <input type="checkbox"/> decrease |
| Comments: | | | |
| 2. Mental Health: | <input type="checkbox"/> same | <input type="checkbox"/> increase | <input type="checkbox"/> decrease |
| Comments: | | | |
| 3. Delinquents: | <input type="checkbox"/> same | <input type="checkbox"/> increase | <input type="checkbox"/> decrease |
| Comments: | | | |
| 4. Substance use treatment: | <input type="checkbox"/> same | <input type="checkbox"/> increase | <input type="checkbox"/> decrease |
| Comments: | | | |
| 5. Victims of Domestic abuse: | <input type="checkbox"/> same | <input type="checkbox"/> increase | <input type="checkbox"/> decrease |
| Comments: | | | |
| 6. Developmental Disabilities: | <input type="checkbox"/> same | <input type="checkbox"/> increase | <input type="checkbox"/> decrease |

(Examples: Autism, cerebral palsy, intellectual disability, or other neurological condition.

Comments:

7. Unmarried Parents: ☐ same ☐ increase ☐ decrease

Comments:

8. Elderly: ☐ same ☐ increase ☐ decrease

Comments:

9. Physically Disabled: ☐ same ☐ increase ☐ decrease

Comments:

10. Children and Families: ☐ same ☐ increase ☐ decrease

Comments:

11. Transportation: ☐ same ☐ increase ☐ decrease

Comments:

Additional Comments:

In the past year, have you or your immediate family received services from:

Unified Community Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Department of Social Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aging & Disability Resource Center	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please comment on the services received:

Thank you for your help. Sign your name if you wish:_____

PLEASE FOLD AND MAIL TO ADDRESS BELOW

Grant County Department of Social Services	OR Unified Community Services
ATTN: LeaAnne Smith	ATTN: Nancy Schmitz
PO BOX 447	200 W Alona LN
Lancaster WI 53813	Lancaster, WI 53813