

**NOTICE**  
**TO ALL INTERESTED GRANT COUNTY CITIZENS**

Your help is needed to develop the 2026 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 **Monday, July 7<sup>th</sup> 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: Holly Knapp, 200 W Alona LN, Lancaster, WI 53813 by August 31, 2025.

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

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**QUESTIONNAIRE**

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The following groups of citizens receive services from Unified Community Services, Department of Social Services. 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:      ☐ same      ☐ increase      ☐ decrease  
**Comments:**

2. Mental Health:      ☐ same      ☐ increase      ☐ decrease  
**Comments:**

3. Delinquents:      ☐ same      ☐ increase      ☐ decrease  
**Comments:**

4. Substance use treatment:      ☐ same      ☐ increase      ☐ decrease  
**Comments:**

5. Victims of Domestic abuse:      ☐ same      ☐ increase      ☐ decrease  
**Comments:**

6. Developmental Disabilities:      ☐ same      ☐ increase      ☐ decrease

Please see reverse side →

(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 ☐ Yes ☐ No

Department of Social Services ☐ Yes ☐ 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: Holly Knapp**

**PO BOX 447**

**200 W Alona LN**

**Lancaster WI 53813**

**Lancaster, WI 53813**