



ASSEMBLY STANDING COMMITTEE ON AGING

NOTICE OF PUBLIC HEARING

SUBJECT: Healthy Aging: New Yorkers aging independently and safely within their homes and communities

PURPOSE: To explore programs and services that help older New Yorkers who want to remain in their homes and communities as they grow older, as well as current challenges facing these older New Yorkers and best practices that can enhance the quality of life for older adults.

ALBANY

Wednesday, November 14, 2018
10:00 AM
Hamilton Hearing Room B
Legislative Office Building, 2nd Floor
Albany, NY

As Americans grow older, most are choosing to stay in their current homes and communities, a process known as aging in place. According to a 2014 AARP survey, 87% of adults age 65 and over want to stay in their current home and community as they age. To ensure that these citizens can live safely, independently and comfortably in their communities, a variety of programs and services have been established, including Naturally Occurring Retirement Communities, caregiver support and respite programs, and senior centers where older New Yorkers can gather for activities and support.

The Committee seeks testimony to evaluate existing programs and services and assess the challenges faced by older adults who want to remain in their current homes and communities as they age. Additionally, this hearing seeks to examine best practices and explore new approaches and models that can enrich and enhance the quality of life for older New Yorkers.

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.

**Donna A. Lupardo
Member of Assembly
Chairperson
Committee on Aging**

PUBLIC HEARING REPLY FORM

Persons wishing to present testimony at the public hearing on New Yorkers aging safely, independently and comfortably within their homes and communities are requested to complete this reply form as soon as possible and mail, email or fax it to:

Benjamin Decker
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Assembly Committee on Aging
The Capitol Building, Room 513
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 New Yorkers aging safely, independently and comfortably within their homes and communities to be conducted by the Assembly Committee on Aging on Wednesday, November 14, 2018.

- 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: _____