the lisbon link

February - March 2012

*** NEW Polling Place ***

You might have read that the town of Lisbon has, once again, been divided into two voting districts. The **two voting places** will be Town Hall and the Senior Center. Postcards will be mailed so you will know where you vote. Just like the Town Hall being closed on voting day the Senior Center will be closed on voting day. Check with the Senior Center or Town Clerk's office if you have any questions.

Wii Bowling

The winter Wii bowling league banquet will be Feb. 14. Meet at the Senior Center at 11:00 for carpooling. Feb. 28 is the start up for the spring summer Wii bowling league. All are welcome to join. \$1.00 per week. Learn to Wii bowl or show us your stuff!

Join us for Wii bowling in Colchester Feb. 17. Bowlers and cheerleaders welcome!!

Yard Sale time is coming. Our BIG fundraiser will be April 21. It will be yard-bake-book-craft sale. We're looking to you for good sellable yard sale type items - no clothes - books, baked goods, plants, crafts, what have you PLUS a few hours of your time. We set up the week before, are opened SAT 8:30 to 2:00 and clean up the following week. Let Judy know if you can help

Daylight savings time March 11 is a great time to change the **batteries** in your smoke/CO detectors

Spring Breakfast March 15 \$3.00 each

St. Patty's Day
Great Corn Beef Dinner
March 21 11:30
\$10.00 sign up by March 12
entertainment by Karen Wagner
a full tummy and great singing!
What more could you ask for!

Looking for something to do...
how about trying
 pool...we have 2 table
 knitting or crocheting...we supply the yam
and meddles/hooks and teach
 rummikub...we teach
 exercise for all...good basic workout
 Wii bowling...see article
 lunch... you order - we make
 chair caning... we teach
 basketweaving...we teach
 bingo...we play
 crafts...we do, we teach
 companionship, friendship...we supply
don't stay home...get out MORE!!

Lisbon Senior Center Monday - Friday 9:00am - 3:00pm 86-376-2329

Board of Selectmen

Thomas Sparkman Robert Browne, Sr **JohnGwiazdowski**

Lee Szruba, Chair Lisbon Commission on Aging

> Judith M. Jencks Director

> > Vikki Van Driver

Glenda **Nutrition Site Server**

The Lisbon Senior Center is for the young, vibrant 60+ through folks in their 90's looking for a club like setting that includes socialization, activities, trips, classes, information, etc.

The Lisbon Senior Center is open to all Lisbon residents 60+ and their spouses. We welcome others to stop in and visit. Lunches are served daily at 11:30. Reservations for the TVCCA meal need to be made in advance and the suggested donation is \$2.50. Or place an order for our fresh made sandwiches and cold salad plates which are available for a fixed price.

Transportation is available for Doctor, Dentist appointments, banking, the hairdresser or barber, shopping, etc. For a ride call the Senior Center at 860-376-2329 as soon as you have your appointment. For other rides call Monday of that week.

Help is available for paperwork, applications and insurance decisions. Information is available on aging and the programs designed to make life easier. Services are available for maintaining health, independence and the well-being of seniors.

Our Sunshine Committee sends cards to those who are enduring a loss or who are ill. Call Carolyn at 860-376-9770 with the name and address of who needs a card.

Call 860-376-2329 for more information.

KETURN SERVICE REQUESTED

FEBRUARY/ MARCH 2012 Lisbon, CT 06351 11 Newent Road Lisbon Senior Center Lisbon Commission on Aging

brplished by: Lisbon's Longevity Link Newsletter

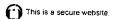
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U.S. Postage Paid

PRST STD



Online Referral Center



EyeCare America, the public service program of the Foundation of the American Academy of Ophthalmology, provides eye care through volunteer ophthalmologists (Eye M.D.) at no cost to those who qualify.

EyeCare America facilitates eye care for U.S. citizens or legal residents who are without an Eye M.D. and who do not belong to an HMO or do not have eye care coverage through the Veterans Administration.

- Those who are age 65 or older and who have not seen an EyeMD in three or more years may be eligible to
 receive a comprehensive, medical eye exam and up to one year of care at no out-of-pocket cost for any
 disease diagnosed during the initial exam. Volunteer ophthalmologists will waive co-payments, accepting
 Medicare and /or other insurance reimbursement as payment in full: patients without insurance receive this care at
 no charge.
- Those who are determined to be at increased risk for glaucoma (by age, race and family history) and have
 not had an eye exam in 12 months or more may be eligible to receive a free glaucoma eye exam if they are
 uninsured. Those with insurance will be billed for the exam and are responsible for any co-payments. The initiation
 of treatment is provided, if deemed necessary by the doctor during the exam.

SERVICES THAT ARE NOT COVERED:

 Additional services necessary for your care such as, hospitals, surgical facilities, anesthesiologists and medications, are beyond the scope of EyeCare America services. The ophthalmologist is a volunteer who agrees to provide only services within these program guidelines.

EYEGLASSES ARE NOT COVERED:

Some eye conditions may affect vision as though eyeglasses are needed, when what is actually needed is the
medical care of an ophthalmologist, and not eyeglasses. EyeCare America provides this medical eye care, only.
The program does not provide eyeglass prescriptions, eyeglass/refraction exams (the prescription part of
exam) or cover the cost of glasses. If you are concerned about the cost of these items, please discuss this
with the doctor <u>BEFORE</u> the examination.

ADDITIONAL REFERRALS:

If you were eligible for "up-to-one-year-of-care" portion of the program and require a re-referral to another
ophthalmologist, you or the EyeCare America volunteer ophthalmologist <u>MUST</u> contact EyeCare America in order
to continue receiving care through the program. We may be able to locate another EyeCare America volunteer to
provide the care.

EyeCare America is co-sponsored by the <u>Knights Templar Eye Foundation</u>, <u>Inc.</u>, with additional support provided by <u>Alcon</u>. EyeCare America is endorsed by: state ophthalmological societies, the <u>American Glaucoma Society</u>, the <u>American Society</u>, the <u>Macula Society</u>, the <u>Macula Society Foundation Inc.</u>, and the <u>Retina Society</u>.

See if you qualify

EyeCare America is a program of:

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P.O. Box 429098, San Francisco, CA 94142-9098 Tel: 877-887-6327, Fax: 415-561-8567, <u>pubserv@aao.org</u> ©2010 EyeCare America Resources

Medication Assistance

About EyeCare America

Program Guidelines and Medical Disclaimer

OVERVIEW

Medicare is modeled after private health insurance. It covers some of the cost of some health care. Generally coverage is available for the cost of health care (except for hospice care and specific preventive services) *only* when the services are medically reasonable and necessary for treatment or diagnosis of illness or injury.

ELIGIBILITY AND ENROLLMENT

Individuals who are 65 years old and eligible for Social Security or Railroad Retirement benefits are automatically eligible for Medicare Part A and may choose to enroll in Part B. Disabled individuals who have received Social Security Disability benefits for 24 months are also eligible for Medicare. People with ESRD and ALS may be eligible without waiting 24 months. Individuals can enroll and get information at their local Social Security office.

TRADITIONAL MEDICARE

Medicare has been in existence since 1965. Coverage is divided between two parts of Medicare, Part A and Part B. Most beneficiaries are in the traditional program. These beneficiaries can get their health care from any provider who is certified by Medicare. The traditional program generally does not cover prescription drugs. Beneficiaries are responsible for premiums, deductibles, and copayments. Medicare Part D provides coverage for prescription drugs through private plans.

HELP WITH MEDICARE CO-PAYS & OTHER EXPENSES

Beneficiaries with limited incomes may be eligible for help from federal and/or state programs to cover some or all of Medicare's required co-payments and to help with prescription drug costs.

In addition, Medigap health insurance can be purchased to cover some of Medicare's co-insurances and deductibles.

MEDICARE ADVANTAGE

Medicare beneficiaries have the option to receive their Medicare benefits through private health insurance plans. These private insurance options are authorized by Medicare Part C, which is also called Medicare Advantage (MA).

MA plans generally require patients to obtain services only from certain providers; in return the plans may offer reduced premiums, deductibles and coinsurance payments, and/or additional benefits not offered in traditional Medicare. Many MA plans also include Part D prescription drug coverage.

MA plans sign contracts with the Medicare agency annually. An MA plan may elect not to renew its contract with Medicare at the end of the contract year for any reason. MA plans can also change benefits, premiums, copays and their health care provider network each year.

Use caution before choosing a Medicare Advantage plan. Be sure your doctors and other health care providers are in the plan

MEDICARE APPEALS

Medicare is a complicated program. Coverage is often denied when it should be granted. If the individual's physician orders medically necessary care that is coverable, but is denied by Medicare, it is wise to seek help with an appeal. Medicare denials can be appealed whether the beneficiary is in traditional Medicare or a Medicare Advantage plan. Appeals are often successful.

PRESCRIPTION DRUG COVERAGE

Medicare provides help paying for prescription drugs under the Medicare Part D program. Part D helps pay for certain drugs through a variety of private plans. People with Medicare are eligible to enroll in a Part D plan but usually have to take steps in order to the so.

MEDICARE COVERAGE

PART A

- Inpatient Hospital Care
- Skilled Nursing Facility Care
 - Home Health Care
 - Hospice Care

PART B

- Physician Services
- Home Health Care
- Outpatient Services and Therapy
 - Durable Medical Equipment
 - Prosthetic Devices
- Ambulance Services
- Certain Preventive Services:
- One physical exam when 1st enrolled in Part I
 - · Flu, Pneumococcal, Hepatitis B vaccines
 - · Annual Mammograms
- Some pap smears and pelvic exams
 - · Colorectal Screening
- Diabetes Self-Management Training /Tests
 - Bone Mass Measurements
- Prostate Cancer Screening
- · Some Glaucoma Screening
- Some Medical Nutrition Therapy Services
 - Some cardiovascular tests
 - Annual Wellness Visit

PART C

• A system of various private plans that deliver Medicare benefits. Also known as Medicare Advantage.

PART D

 Help paying for certain prescription drugs, provided by private plans.

Hospital

Deductible: \$1,156.00

Co-insurance:

Days 1-60:

Days 61-90: \$289/day Days 91-150: \$578/day

Skilled Nursing Facility

Co-insurance:

Days 1-20:

Days 21-100: \$144.50

Home Health

No co-insurance or deductible

Part A Premium (For voluntary enrollees only) \$248/month

(If individual has 30-39 quarters of

Social Security coverage)

\$451/month

(If individual has 29 or fewer quarters of Social Security Coverage)

Deductible: \$140/year

If individual income < \$85,000/yr. Standard Premium: \$99.90/month

\$107,000 - \$160,000: \$199.80/mo. If ind. income \$85,000 - \$107,000: \$139.90/mo.

\$160,000 - \$214,000: \$259.70/mo.

\$214,000 or more: \$319.70/mo.

CENTER FOR MEDICARE ADVOCACY, INC.

(860) 456-7790 Connecticut

(202) 293-5760 Washington, DC

www.medicareadvocacy.org

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The Center is based in Connecticut and Washington, DC, with offices The Center for Medicare Advocacy, founded in works to ensure fair access to Medicare and 1986, is a national non-profit organization that quality health care. around the country.

advocates for policies and systemic change that will benefit all those in need of health care coverage and Based on our work with real people, the Center

Staffed by attorneys, legal assistants, a nurse, and nformation management experts, the organization epresents thousands of individuals in appeals of Medicare denials. The work of the Center also ncludes responding to over 7,000 calls and emails annually from older adults, people with disabilities, and their families, and partnering with CHOICES, the Connecticut State health insurance program (SHIP).

people and people with disabilities be assured that Only through advocacy and education can older Medicare and health care are provided fairly:

- · We offer education and consulting services to help others advance the rights of older and disabled people and to provide quality health care.
- · We draw upon our direct experience with thousands of Medicare beneficiaries to educate policy-makers about how their decisions play out in the lives of real people.

The Center for Medicare Advocacy is the most experienced organization for Medicare beneficiaries and their families.

www.medicareadvocacy.org www.cmahealthpolicy.com Visit our websites:



Willimantic, Connecticut 06226 (860)456-7790 PO Box 350

1025 Connecticut Ave, NW Washington, DC 20036 (202)293-5760 Suite 709

MEDICARE SUMMARY 2012

Se habla español

Connecticut Department of Social Services in conjunction with the CHOICES Program Produced under a grant from the

Principle 2017 @ Critical Control Control

Answers to "Test Your Heart Health IQ";

1. The heart is a muscle.

TRUE—The heart is the hardest working muscle in the body, pumping enough blood in your lifetime to fill a supertanker!

2. Many diseases and conditions can contribute to the risk of heart

TRUE—A number of conditions, including hypertension (high blood pressure), high cholesterol and diabetes, increase the risk of heart disease,

3. A heart attack always begins with sharp chest pain.

FALSE—A heart attack can begin slowly, with subtle signals. Symptoms can include:

- a feeling of pressure or discomfort in the chest
- discomfort in the arms, neck, back, jaw or stomach
- shortness of breath
- nausea, dizziness, sweating for no reason
- fatigue and lack of energy

4. The best thing to do if you experience heart attack symptoms is to call 911 right away.

TRUE—"Better safe than sorry" is very true when it comes to heart attack. Excellent treatments are now available, and the sooner treatment begins, the better the chance of saving the patient's life and preventing disability. If you experience chest pain, especially if associated with any other of the signs listed above, call 911 right away. Acting quickly can save your life.

5. Women need to worry more about breast cancer than heart disease.

FALSE—Women are far more likely to die of cardiovascular disease than from breast cancer. It is a myth that heart disease is primarily a men's health problem. Heart disease is the leading cause of death for women—and more women than men die within one year of a heart attack.

6. Quitting smoking is one of the best things you can do for your heart.

TRUE—Smoking is one of the top risk factors for heart disease. According to the Centers for Disease Control and Prevention (CDC), cigarette smokers are up to four times more likely to develop heart disease. And even if you don't smoke, exposure to secondhand smoke may raise your risk by up to 30%.

7. If you have a family history of heart disease, you have exactly the same risk yourself.

FALSE—Although your risk increases if a family member was diagnosed with heart disease, it's not all in the genes! A healthy lifestyle can cut your risk. Obesity and inactivity are greater risk factors than genetic inheritance for most people. Here are the steps to take to lower the risk:

- If you smoke, quit.
- Take steps to lower blood pressure and cholesterol level.
- Increase physical activity.
- Maintain a healthy weight.
- If you are diabetic, follow your care plan.

8. High blood cholesterol is one of the top risk factors for heart attack.

TRUE—Lowering your cholesterol level through diet and lifestyle changes (and in some cases, medication) can cut your risk.

9. As we grow older, it's best to rest as much as possible.

FALSE—The older you are, the more important regular physical exercise is to your well-being. Inactivity can lead to a downward spiral of decline. Ask your healthcare provider about an exercise program that's right for you.

10. Even a person who has suffered a heart attack should exercise.

TRUE—For most patients, preventing another heart attack will include a cardiac rehabilitation program. Be sure you discuss your workout regimen with your healthcare provider and follow his or her instructions.

11. It's possible to eat a "heart smart" diet even if you dine out often.

TRUE—Most menus feature at least a few low-fat, low-cholesterol, low-sodium items. Avoid fried foods, instead selecting baked or broiled. (If you aren't sure how a dish is prepared, ask your server.) Skip dessert, and order your salad with lowfat dressing served on the side.

12. Emotional stress and anxiety can worsen a heart condition.

TRUE—Stressful emotions can raise your blood pressure, causing your heart to work harder. Lifestyle changes and relaxation techniques help lessen the effects of stress.

This article is not intended to replace the advice of your doctor. Speak to your healthcare provider if you have questions about heart health or heart disease.

WOTER WERE



To avoid hypothermia in colder weather, it's important to dress for the season. This puzzle contains the names of 20 different clothing articles that can help you stay comfortable when the thermometer drops.

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LONG UNDERWEAR HAND WARMERS WINDBREAKER DOWN COAT **EAR MUFFS** SWEATSHIRT THERMALS GAITERS BOOTS GLOVES HOODIE MITTENS MUFFLER SWEATER LAYERS WOOLEN JACKET PARKA SCARF

a little bit of news...

I was sad to see Betsy Barrett leave the Town

of Lisbon. But good for her in her new position of City Clerk for Norwich. Betsy always did a great job for us will continue for the taxpayers of Norwich.

I'm glad Edith Prague is back in Hartford
Edit is Connecticut's true champion for the elderly.
As the new session gets underway I spoke to her
office about raising the income guidelines for the
MSP program to match the Social Security
increase. By doing this no one will get bumped off
Remember if there is something you want done in
Hartford Senator Edith Prague and Rep. Steve
Mikutel want to hear from you.

Have you checked out the NEW town website. It's great. Lots of news and this newsletter is posted on it. So check out - Town of Lisbon

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ENERGY ASSISTANCE

Norwich/New London
Thames Valley Council for
Community Action 860.889.1365

Home Heating Assistance and Weatherization

The state runs two programs that help low-income households of all ages offset their winter heating bills. The programs are funded mainly by federal block grants and administered by DSS and local community action agencies.

1. The Connecticut Energy Assistance Program (CEAP) is available to households with incomes up to 150% of the federal poverty level (FPL) (\$ 27,465 for a three-person household). In addition, households with incomes between 150% and 200% of the FPL (\$ 36,620 for a three-person household) can receive CEAP assistance, provided at least one household member is age 60 or older or has a disability. Liquid assets cannot exceed \$ 10,000 for homeowners and \$ 7,000 for renters, unless the excess assets, when added to the household's annual income, still leave the family within the income limits. CEAP-eligible homeowners may also qualify for funding to provide emergency repair or replacement of unsafe or inoperable heating systems.

According to DSS, for the 2010-2011 heating season, basic CEAP benefits ranged from \$ 605 to \$ 880 for homeowners and renters whose heat was not included in the rent; renters whose heat was included could receive up to \$ 410. Households using "deliverable fuels," including heating oil, kerosene, and propane, were eligible for a one-time \$ 400 crisis assistance benefit. And, depending on available funding, CEAP participants who used up their basic and crisis benefits were eligible for a "safety net" assistance benefit of up to \$ 400. The program is closed for the season; it will reopen on November 1, 2011. (For more information, visit https://www.ct.gov/dss/cwp/view.asp?A=2353&Q=305194.)

2. The Contingency Heating Assistance Program (CHAP) has been available to households whose income is too high for CEAP but less than 60% of the state median income (SMI) (\$51,228 for a three-person household). Although this program is not restricted to the elderly, a household in which at least one member is age 60 or older may receive a higher benefit level. Currently, the basic benefit is \$580; households with incomes up to 60% of the SMI may also receive a one-time crisis assistance benefit of \$400.

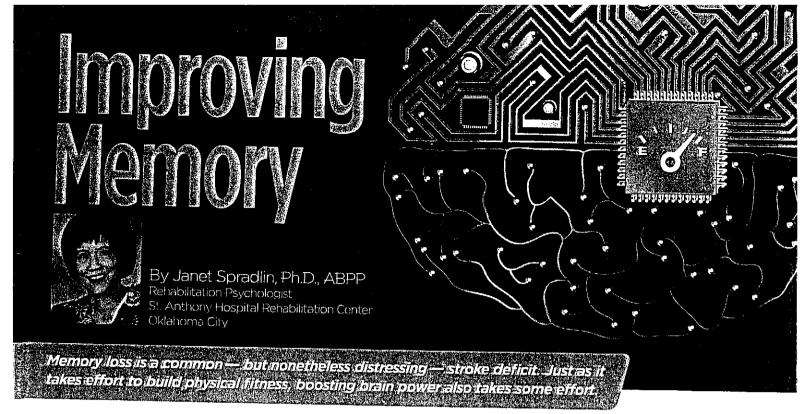
For more information on this program, visit <u>http://www.ct.gov/dss/cwp/view.asp?a=2353&q=305188</u>.)

Weatherization

CEAP-eligible households may also qualify for the Weatherization Assistance program, also administered by the community action agencies. Priority may be given to low-income families with elderly or disabled individuals and those with children under age six.

In addition, the Weatherization Residential Assistance Partnership (WRAP) helps low-income utility customers with high energy bills reduce their costs through several weatherization measures. WRAP is administered by DSS in partnership with community action agencies and utility companies.

(For more information on the heating and weatherization programs, visit http://www.ct.gov/dss/cwp/view.asp?a=2353&q=305194.)



irst and foremost, take care of your brain! Just as a car's function depends on the maintenance it receives, your brain's function depends on how well you take care of it. A healthier brain means a more efficient memory. Ways to keep your brain healthy include getting enough sleep, eating right, being physically active and managing stress well. Optimizing blood flow and nutrients to the brain is also important and can be done by controlling hypertension and diabetes, and keeping your heart healthy.

- 1. Pay attention! A very important component of improving your memory is to focus intently on what you are doing. Tell yourself what it is you need to remember. Talking your way through the task can be very helpful in addition to breaking it down into manageable steps. If you are learning the route to a new store in town, verbalize aloud each segment along the way (e.g., turn right at gas station, left at the church, etc.).
- **2. Challenge your brain!** Try getting out of your normal routine and do things differently. Why not take another route to your destination? Take up a new hobby which you never thought you would. Try using your non-dominant hand to do things.
- 3. Stay social! Research shows that engaging in meaningful relationships and social activities contributes to a healthy brain. Get involved with others and don't f orget to laugh, which has been shown to activate areas of the brain vital to learning and creativity.
- 4. Use it or lose it! Because of neuroplasticity, "exercising" our brains can actually change neuronal circuitry by creating new neural pathways and synaptic connections that result in improvement of cognitive a bilities, including memory.

There are many ways to improve memory and these vary from individual to individual. Here are some tips from stroke and brain injury survivors:

- O Cliff Sandel (hemorrhagic stroke in 2008) uses his cellphone alarm to remind him of appointments. In fact, he said he had forgotten about a recent appointment until his alarm went off about an hour beforehand. Luckily, he made it in time! Cliff is a strong proponent of using and challenging his brain. Prior to his stroke, he played the piano and was an avid reader. Since both skills were affected by his stroke, he now takes piano (and clarinet) lessons and exercises his brain by memorizing poems and pieces of music. Cliff also makes up memory games such as trying to remember the names of all the NFL quarterbacks.
- O Chris Wende (heart attack/brain hypoxia in 2008) says he does Sudoku puzzles to keep his brain sharp. He also uses his computerized calendar to remind him of appointments, and puts things (e.g., keys, wallet, medications) in the same place so he will know where they are. In addition, he asks friends and family to send him reminders via email, text or phone calls. Another trick Chris uses is to park in the same general area, like the top floor of a parking garage. On occasion he has activated his car alarm to find his vehicle.
- O Danny Hill (brain stem stroke in 2006) uses a big dry erase board posted on the wall to remind him of things he doesn't want to forget. He also keeps a notebook where he writes things down. In addition, he exercises his brain by using repetition and associating specific images or phrases with what he is trying to remember. Reading and doing puzzles also help keep his mind sharp. sc

February 2012

Nothing is a waste of time if you use the experience wisely. -Rodin

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Catandan
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5	9:30 AM rummikub 11:30 AM lunch 2:00 PM pickleball 7:00 PM COA	9:00 AM quilting 9:30 AM Exercise for all 11:30 AM lunch 12:15 PM Will bowling League	8 8:30 AM chair cening, carving, etc 11:30 AM lunch 12:00 PM JC VET Housing speaker 12:30 PM Shooting Star meeting	9:30 AM Exercise for all 11:30 AM Tunch 12:30 PM bingo 1:00 PM free blood pressure	10 10:00 AM craft 11:30 AM lunch	11
12	9:30 AM rummikub 11:30 AM lunch 2:00 PM pickleball	9:00 AM quilting 9:30 AM Exercise for all 11:00 AM Wil Bowling Banquel 11:30 AM Junch Enhemoed Benefits Courseling	9:30 AM chair caning, carving, etc 11:30 AM lunch 12:30 PM afghan makers	9:30 AM Exercise for all 11:50 AM Junch 12:30 PM bingo	9:15 AM leave for Wii Bowling in Colchester 10:00 AM craft 11:30 AM lunch	18
19	CLOSED	9:00 AM quilting 9:30 AM Exercise for all	9:30 AM chair caning, carving, etc 11:30 AM lunch 12:30 PM afghan makers	9:30 AM Exercise for all 11:00 AM -2:00 PM Choices HELP 11:30 AM Junch 12:30 PM bingo	24 10:00 AM craft 11:30 AM lunch	25
26	9:30 AM rummikub 11:30 AM lunch 2:00 PM picklebali	9:00 AM quitting 9:30 AM exercise for all 10:15 AM TRAVEL COMMITTEE 11:30 AM Junch 12:15 PM Will bowling Largue Enhanced Benefits Courselling	9:30 AM chair caning, carving, etc 11:30 AM lunch 12:30 PM afghan makers	•	-	

March 2012

Age is an issue of mind over matter. If you don't mind, it doesn't matter. -Mark Twain

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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4	9:30 AM rummikub 11:30 AM lunch 12:30 PM drawing 2:00 PM pickleball 7:00 PM COA	9:30 AM exercise for all 11:30 AM lunch 12:15 PM WII bowling League	9:30 AM chair caning, carving, etc 10:10 AM EX. BOARD 11:50 AM lunch 12:30 PM afghan makers	9:30 AM Exercise for all 11:30 AM lunch 12:30 PM bingo 1:00 PM free blood pressure	9:30 AM rummikub 10:00 AM craft 11:50 AM lunch	10
daylight savings time begins	9:30 AM rummikub 11:30 AM tunch 12:30 PM drawing 2:00 PM picklebali	9:00 AM quilting 9:30 AM Exercise for all 11:30 AM lunch 12:15 PM Will bowling League Enhanced Reposits Commenting	9:30 AM chair caning, carving, etc 11:50 AM lunch 12:00 PM Healthier You speaker 12:30 PM Shooting Star meeting	9:00 AM SPRING BREAKFAST 9:30 AM Exercise for all 11:30 AM lunch 12:30 PM bingo	9:30 AM rummikub 10:00 AM craft 11:30 AM lunch	17 St. Patty's Day
18	9:30 AM rummikub 11:30 AM lunch 12:30 PM drawing 2:00 PM pickleball	9:00 AM quilting 9:30 AM Exercise for all 11:30 AM lunch 12:15 PM With bowling League spring begins	9:30 AM chair caning, carving, etc 11:30 AM corn beef and cabbage \$10.00 12:30 PM entertainment by Karen Wagner	9:30 AM Exercise for all 11:30 AM lunch 12:30 PM bingo	9:30 AM rummikub 10:00 AM craft	24
25	9:30 AM rummikub 11:30 AM lunch 12:30 PM drawing 2:00 PM pickleball	9:00 AM quilting 9:30 AM Exercise for all 11:30 AM lunch 12:15 PM Will bowling League Inherced Benefits Counseling	9:30 AM chair caning, carving, etc 11:30 AM lunch 12:30 PM afghan makers	9:30 AM Exercise for all 11:00 AM Choices HELP 11:30 AM lunch 12:30 PM bingo	9:30 AM rummikub 10:00 AM craft 11:30 AM lumch	31