



Branch Seniors Chairman - Report

Zone	Branch		Reporting Period	
	Name	Number	From:	To:

1. Name of Branch Seniors Chairman? _____
2. Number of Retirement homes within your Branch boundaries? _____
3. Breakdown of the Number of Retirement homes:

a	Federally Funded Retirement Homes:	
b	Provincially Funded Retirement Homes:	
c	Private Retirement Homes:	
d	Nursing Homes:	

4. Describe what activities for Senior's take place that are "**Branch Sponsored**".
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____

If more, please attach activities on separate page.

5. What Transportation (excluding taxi cabs) are available for Senior's within your Branch boundaries?

- a. _____
- b. _____

6. Please indicate which of the following community programs are available:

Meals on Wheels		Telephone Reassurance	
Dining Programs		Recreational Programs	
Health Clinics		Foot Clinics	
Others (please specify)			

7. Has any Provincially Sponsored Seniors Sports been held within your Branch boundaries?

Yes		No	
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If yes, please specify by date and location: _____

8. Further discussion points to bring forward at the next Zone Council meeting.

- a. _____
- b. _____

Date Submitted: _____

Please Note: This form is to be submitted to the Zone D5 Senior chairman 1 week prior to the Zone Meeting