



Zone Seniors Chairman - Report

Zone:		Reporting Period	
		<i>From:</i>	<i>To:</i>

1. Number of Branch's in the Zone? _____
2. Number of Retirement homes in Zone? _____

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 within Zone that are **"Branch Sponsored"**.

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

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

- a. _____
- b. _____
- c. _____

6. The following community programs are available within our Zone.

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 the Zone?

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

8. Any further discussion points that are to brought forward at the next District Council meeting.

- a. _____
- b. _____

Date Submitted: _____