



Saline County Aging Services

Improving and enriching the quality of life and independence of older persons in Saline County

PO BOX 812, 109 W. 3rd Wilber, Ne 68465 402.821.3330



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The History of Retirement, From Early Man to A.A.R.P.

IN THE BEGINNING



In the beginning, there was no retirement. There were no old people. In the Stone Age, everyone was fully employed until age 20, by which time nearly everyone was dead, usually of unnatural causes. Any early man who lived long enough to develop crow's feet was either worshiped or eaten as a sign of respect. Even in Biblical times, when a fair number of people made it into old age, retirement still had not been invented and respect for old people remained high. In those days, it was customary to carry on until you dropped, regardless of your age group no shuffleboard, no Air-stream trailer. When a patriarch could no longer farm, herd cattle or pitch a tent, he opted for more specialized, less labor intensive work, like prophesying and handing down commandments. Or he moved in with his kids.

ELDER HOSTILE



As the centuries passed, the elderly population increased. By early medieval times, their numbers had reached critical mass. It was no longer just a matter of respecting the occasional white bearded patriarch. Old people were everywhere, giving advice, repeating themselves, complaining about rheumatism, trying to help, getting in the way and making younger people feel guilty. Plus they tended to hang on to their wealth and property. This made them very unpopular with their middle aged sons, who were driven to earn their inheritances the old fashioned way, by committing patricide. Even as late as the mid18th century, there was a spate of such killings in France. In 1882, Anthony Trollope wrote a futuristic novel, "The Fixed Period," in which he foresaw retiring large numbers of old men to a place where they would be a year of contemplation, followed by a peaceful chloroforming. But this was hardly an acceptable long term strategy.

Continued on page 2

History of Retirement Continued...

COTTON MATHER'S BIG IDEA



Old people hanging on to their worldly goods also threatened the social and economic fabric of Colonial America. Celebrated Puritan zealot Cotton Mather is generally credited with stimulating the national appetite for witch trials. But few people realize that he was among the first to try to force the elderly to retire. "Be so wise as to disappear of your own Accord," he exhorted them. "Be glad of dismissal. . . . Be pleased with the Retirement which you are dismissed into." Nobody listened.

BISMARCK INVENTS RETIREMENT



In 1883, Chancellor Otto Von Bismarck of Germany had a problem. Marxists were threatening to take control of Europe. To help his countrymen resist their blandishments, Bismarck announced that he would pay a pension to any nonworking German over age 65. Bismarck was no dummy. Hardly anyone lived to be 65 at the time, given that penicillin would not be available for another half century. Bismarck not only coopted the Marxists, but set the arbitrary world standard for the exact year at which old age begins and established the precedent that government should pay people for growing old.

PASTUREIZING THE ELDERLY



It was the world renowned physician William Osler who laid the scientific foundations that, when combined with a compelling economic rationale, would eventually make retirement acceptable. In his 1905 valedictory address at the Johns Hopkins Hospital, where he had been physician in chief, Osler said it was a matter of fact that the years between 25 and 40 in a worker's career are the "15 golden years of plenty." He called that span "the anabolic or constructive period." Workers between ages 40 and 60 were merely uncreative and therefore tolerable. He hated to say it, because he was getting on, but after age 60 the average worker was "useless" and should be put out to pasture.

FACTORY REJECTS



Retirement came in very handy in the United States, where large numbers of aging factory workers were wandering around the Industrial Revolution, dropping things into the works, slowing down assembly lines, taking too many personal days and usurping the places of younger, more productive men with families to support. It was one thing when an occasional superannuated farmer leaned on his hoe in an agrarian culture a few bales of hay more or less didn't matter. But it was quite another when lots of old people caused great unemployment among younger workers by refusing to retire. The Great Depression made the situation even worse. It was a Darwinian sacrificial moment. Retirement was a necessary adaptation and everybody knew it, but the old guys were not going quietly. The toughest among them refused to quit, even when plant managers turned up the conveyor belts to Chaplinesque speeds.

THE BIG PAYOFF



By 1935, it became evident that the only way to get old people to stop working for pay was to pay them enough to stop working. A Californian, Francis Townsend, initiated a popular movement by proposing mandatory retirement at age 60. In exchange, the Government would pay pensions of up to \$200 a month, an amount equivalent at the time to a full salary for a middle income worker. Horrified at the prospect of Townsend's radical generosity, President Franklin D. Roosevelt proposed the Social Security Act of 1935, which made workers pay for their own old age insurance.

LEISURE WEARING



What used to mean going to bed suddenly meant banishment to an empty stage of life called "retirement." If people were not going to work, what were they going to do? Sit in a rocking chair? Eleanor Roosevelt thought so. "Old people love their own things even more than young people do. It means so much to sit in the same chair you sat in for a great many years," she said in 1934. But she was wrong. Most retired people wished they could work. The problem was still acute in 1951, when the Corning company convened a round table to figure out how to make retirement more popular. At that conference, Santha Rama Rau, an author and student of Eastern and Western cultures, complained that Americans did not have the capacity to enjoy doing nothing.

History of Retirement Continued...

THE GREAT MIGRATION



The opposite of work turned out to be play. The rich discovered leisure first, but by 1910 Florida became accessible to the middle class. Retirement communities, where older people did not have to see younger people working, began to appear in the 1920's and 30's. The number of golf courses in the United States tripled between 1921 and 1930. Subsequent technological developments like movies and television helped turn having nothing to do into a leisure time activity. From now on, the elderly would work at play.

SENIORS ARE BORN



The publication in 1955 of Senior Citizen magazine was the first widespread use of the euphemism that, while intending to reconfirm respect, instead made a senior citizen sound like an over decorated captain in "The Pirates of Penzance." Its merely partial success may also be linked to the fact that there is something inherently suspicious about an age group that has to offer its potential members discounts to induce them to join.

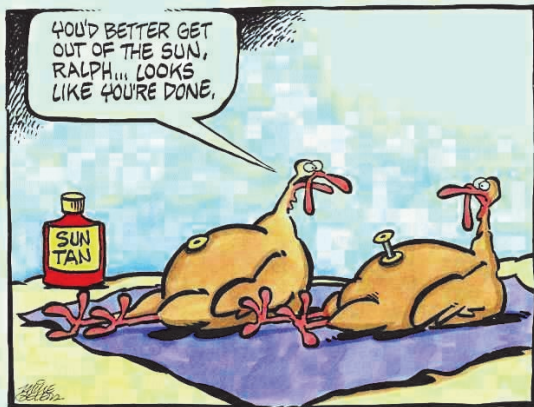
THE R WORD



In 1999, The American Association of Retired Persons, once the Welcome Wagon of retirement, dropped the word "retired" from its name and became The American Association of R***** Persons. This change was effected in recognition of a basic reality many of its members are not retired and in anticipation of the baby boomers' threat never to stop wearing Lycra, turn gray, stop carrying around bottled water or retire.

Article is form NYTimes.com

Just For Laughs . . .

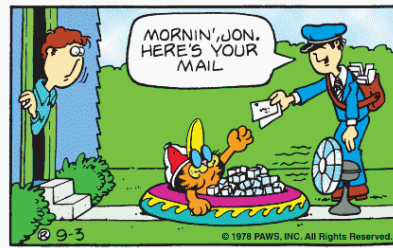
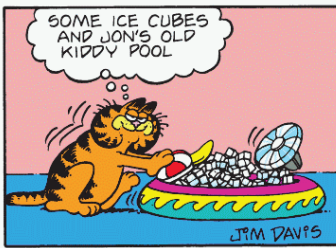
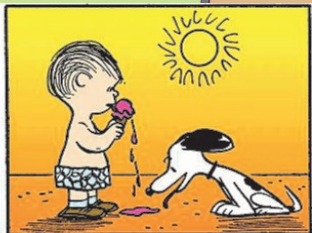
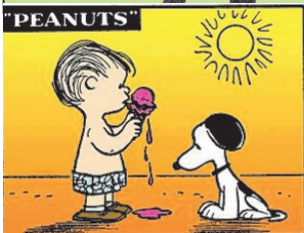


It was nice to meet you.

Yeah, hope to see you again soon so we can Ketchup.



"Guess who got invited to an end-of-summer pool party."





Common Food-Drug Interactions

You've probably heard the warnings not to drink grapefruit juice with cholesterol medication. However, that isn't the only combination of food and drugs to avoid. Grapefruit juice can interact with numerous other medications, both prescription and over-the-counter. And many other foods commonly interact with drugs, too. Listed are five foods that commonly interact with medications.

Grapefruit Juice

Grapefruit juice has the ability to interact with medications in various ways. One way is by increasing the absorption of certain drugs – as is the case with some cholesterol-lowering statins. If you're taking statins, you don't have to completely avoid grapefruit juice; just take your medication two hours or more before or after drinking.



Grapefruit juice can also cause the body to metabolize drugs abnormally, resulting in lower or higher than normal blood levels of the drug. Many medications are affected in this way, including antihistamines, blood pressure drugs, thyroid replacement drugs, birth control; stomach acid-blocking drugs, and the cough suppressant dextromethorphan. It's best to avoid or significantly reduce intake of grapefruit juice when taking these medications.

Green Leafy Vegetables



Blood-thinning drugs such as Coumadin® (warfarin) interfere with vitamin K-dependent clotting factors. Eating too much green leafy vegetables, which are high in vitamin K, can decrease the ability of blood-thinners to prevent clotting. But you don't have to give up greens altogether. Problems arise from significantly and suddenly increasing or decreasing intake, as it can alter the effectiveness of the medicine. So eat your greens in consistent amounts.

Natural Black Licorice (Glycyrrhiza)

Glycyrrhiza – a natural ingredient used to make black licorice – can deplete the body of potassium while causing an increased retention of sodium. When the body is depleted

of potassium, it can affect the effectiveness of the medication digoxin, a medication used to treat heart failure. Thus, resulting in the heart not beating properly.

Glycyrrhiza can also decrease the effectiveness of high blood pressure medicines. And people taking Coumadin® (warfarin) should be careful that glycyrrhiza can break down the drug, resulting in an increase in the body's clotting mechanism.

Excessive amounts of natural licorice should be avoided when taking all of these medications. However, artificially-flavored black licorice doesn't contain glycyrrhiza and has no effect on these medications.

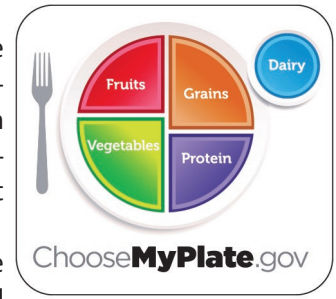
Salt Substitutes

Consumers taking digoxin for heart failure or ACE inhibitors for high blood pressure should be careful with salt substitutes, which often times replace sodium with potassium. With an increased consumption of potassium, the effectiveness of digoxin can be lowered, resulting in heart failure. And those taking ACE inhibitors might see a significant increase in blood potassium levels, as these drugs are known to increase potassium. The real concern is for individuals on these medications as well as having decreased kidney function; they should discuss the use of salt substitutes with their doctor.

Tyramine-containing Foods

High blood levels of the amino acid tyramine can cause an increase in blood pressure. Several medications interfere with the breakdown of tyramine, including monoamine oxidase inhibitors (MAOIs) which treat depression, and drugs used to treat the symptoms of Parkinson's disease. Individuals taking these drugs should avoid tyramine-rich foods including, but not limited to: chocolate; aged and mature cheeses; smoked and aged/fermented meats; hot dogs; some processed lunch meats; fermented soy products; and draft beers (canned and bottled beers are OK).

When receiving a prescription for a new medication or taking a new over-the-counter drug, always read drug warning labels and ask their physician and/or pharmacist about which foods or other drugs they should avoid or be concerned about taking.



What Caregivers Need to Know About Medicaid and Spousal Impoverishment Protections

For many older couples, a nursing home or assisted-living stay can rapidly deplete a lifetime of savings. That leaves the spouse still living in the community with little to no income and resources.

In 1989, Congress enacted the Spousal Impoverishment Protection Law to protect a set amount of a couple's combined resources for the spouse living independently.

"If you are an older couple and one of you needs assisted living or nursing home placement, but are running out of savings, the Spousal Impoverishment Program may be a way to preserve some family assets and get the care you need," said Joyce Kubicek, Aging Partners care management coordinator.

How Does it Work?

This specialized assistance program allows resources (assets) to be reserved for the spouse remaining in the home (community spouse), while their spouse (recipient) is residing in an alternate living arrangement such as a nursing home, assisted living facility, or meets the level of care for in-home nursing services. Resources reserved for a community spouse are far greater than traditional Medicaid Resources limits for a married couple. The program also allows a community spouse to retain their own income, and in some cases, keeping part, or all, of the spouse's (recipient) income.



To qualify for potential Medicaid through the Spousal Impoverishment Program, an Assessment of Resources form must be requested by the couple or their financial representative. The assessment can be completed if either spouse has completed a consecutive 30-day out-of-home facility stay, or the spouse is currently in a facility and anticipates a 30-day stay, or has been determined to meet nursing home-level of care in their own home.

Medicaid will require proof of resources, such as copies of bank or financial statements as of the month/year the qualifying out of home stay began. If the spouse has just entered a facility, anticipating a 30-day stay, all resource values must be verified as of the month of entry. If the spouse meets in-home nursing home-level of care, resources must be verified as of the month level of care was determined. The Assessment of Resources is completed only once, and determines the amount of resources the Community Spouse reserves. The calculation of amount reserved by the Community Spouse is half of the couple's combined resources values for the specified month/year. The minimum amount that can be reserved (according to the guidelines in 2018) is \$24,720, up to the maximum amount reserved of \$123,600. Medicaid will add \$4,000, the Medicaid resource limit for recipients, to the calculated amount reserved for the community spouse, so the couple knows the total resources they can have to qualify. The assessment form becomes a permanent record on file.

After the assessment form is completed, if the couple has no spend-down of resources, a Medicaid application should be submitted to begin spousal eligibility determination. If a spend-down of resources is needed, the couple should apply when the spend-down is nearly to the figure on the assessment form. The spend-down can be done by purchasing and/or paying for any needs either spouse may have. Examples of expenditures include all

medical bills owed and current, irrevocable burial trusts for each, credit card indebtedness, mortgage, liens, household items, household repairs, personal items and care repair/purchase. The couple cannot dispose of any resources by giving them away, as this results in a penalty.

More Information

If you believe you qualify for the Spousal Impoverishment Program, Aging Partners can help through its financial counseling, legal services and other resources with expertise in Medicaid and Spousal Impoverishment Protection.

"We can also help you figure out if you have a complicated situations that may require more help from other community options," Kubicek said.



Contact Aging Partners at 402-441-7070 to get the help you need.

Article is from Aging Partners' Living Well Magazine

Empowering Patients to Become Effective Self-Advocates

When it comes to self-advocacy, we talk a good game. We tell patients to ask questions, to seek clarification when they don't understand the answers and to make sure their values and goals are part of the discussion. We urge people facing cancer to take an active, educated role in their treatment decision-making, to seek second opinions. When communications between doctors and patients break down, we encourage patients to find new care providers. It's easier said than done.

Helpful Hint #1

Believe in Yourself.
You are worth it!!

For a significant percentage of people facing cancer, or any serious disease, becoming an effective self-advocate poses a range of challenges. Becoming a cancer patient means entering a new world, one in which patients and their caregivers confront an increasingly complex array of treatment options. At a time when individuals are dealing with fear, uncertainty and disruptions in every key aspect of their lives, we expect them to educate themselves and make informed decisions about issues with which they have little or no experience. In many instances,

this also means shifting the paradigm of doctor-patient communications from the more traditional one-way physician-tells-patient-what-to-do to a two-way, interactive discussion between equals.

My own situation is one example of how difficult this process can be—even for someone who has spent her life in the oncology world researching patient behavior and advocating for more effective doctor-patient communications. After my second cancer diagnosis, breast cancer, I underwent a course of chemotherapy that resulted in numbness and tingling in my feet, known as neuropathy. I have an excellent doctor, but it was not until I had fallen several times that I asked for a referral to a physical therapist, and I actually felt guilty about “bothering” my very busy physician with an issue that was seriously compromising my life. And then, it took some time until I scheduled the appointment. Somehow the fact that I asked for the referral meant that it must not have been a priority. The upside of my advocating for myself is that I truly benefited from getting the physical therapy that I needed, and I haven't fallen since.

We hear about these issues all the time, both in the data we collect through our Cancer Experience Registry and the personal accounts of the patients and caregivers who participate in Cancer Support Community programs. On the anecdotal level, I think about a young African-American woman from Texas who sobbed as she described her frustration with her doctor's unwillingness to answer her questions about her cancer. She had tried writing her questions down, bringing someone with her to her appointments, reading about her condition, but her efforts to communicate were brushed off. She couldn't even get an answer as to the stage of her cancer. The result was frustration, fear and high levels of anxiety about her future. For this woman, effective self-advocacy meant changing doctors, but she was afraid to make that move, to leave her small town for a treatment center in a more distant city.



Our data bear out these concerns. While most patients report receiving information about their treatment options, less than half report being knowledgeable about their treatment options, and a significant proportion reported not having enough knowledge or support to fully engage in treatment decisions. Over half felt significantly unprepared to discuss treatment options with their doctor. We have also

learned that it is not uncommon for patients not to report all of their symptoms and side-effects from treatment to the health care team.

Continued on page 14

Exercise of the Month — Back of Leg



1. Sit sideways on a bench or other hard surface, such as two chairs placed together.
2. Keeping back straight, stretch one leg out on the bench, toes pointing up.
3. Keep other foot flat on the floor.
4. If you feel a stretch at this point, hold position for 10-30 seconds.
5. If you don't feel a stretch, lean forward from hips (not waist) until you feel stretching in the leg on the bench.
6. Hold position for 10-30 seconds.
7. Repeat at least 3-5 times.
8. Repeat at least 3-5 times with your other leg.

TARGETED MUSCLES: Back of legs

WHAT YOU NEED: Bench or other hard surface, such as two chairs placed together

TALK TO YOUR DOCTOR: If you've had hip or back surgery, talk with your doctor before trying this stretch.

Recipe of the Month

Pizza Crescent Rolls

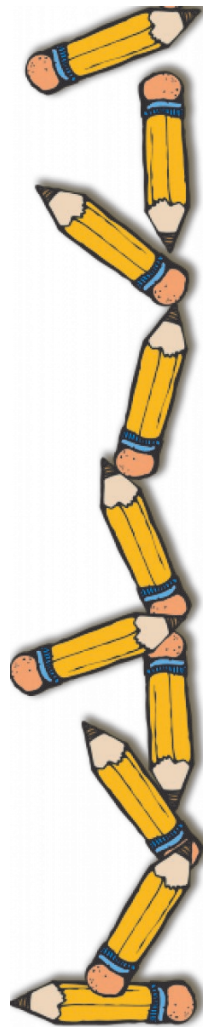
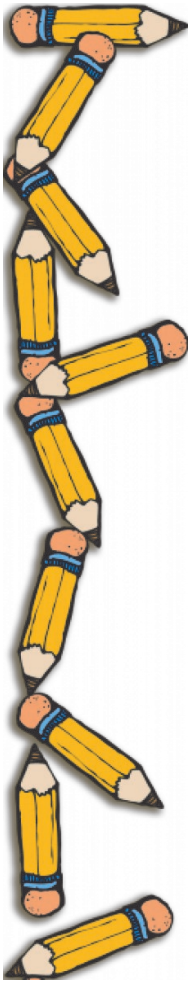
Ingredients:

- 1 (8oz.) can Pillsbury Refrigerated Crescent Dinner Rolls
- 24 (about 5oz.) slices pepperoni
- 2oz. (1/2 cup) shredded mozzarella cheese
- 1 cup tomato pasta or pizza sauce, heated



Directions:

1. Preheat oven to 375 degrees. Separate dough into 8 triangles; pat out each triangle slightly.
2. Place 3 slices pepperoni, slightly overlapping, on center of each triangle. Top each with about 1 tablespoon cheese.
3. Roll up, starting at shortest side of triangle and rolling to opposite point. Place rolls, point side down, on ungreased cookie sheet.
4. Bake at 375 degrees for 10-14 minutes or until golden brown. Remove from cookie sheet.
5. Serve warm crescents with warm pasta sauce for dipping.



A N L F I X Q N H M G J N A Y S
 R L O U L M H I U R E A D I N G
 I E O I A M S I A Y R A R B I L
 T A H W T T S D T N E D U T S S
 H R C J O A U S R E T U P M O C
 M N S R N A C T E A C H E R B I
 E I Y M T A P U G N I T I R W E
 T N Y I N X T R D B O O K S M N
 I G O L Z X J N V E K Y X U H C
 C N L A N G U A G E S G J N E E

Arithmetic
 Books
 Computers
 Education

Graduation
 Gymnasium
 History
 Languages

Learning
 Library
 Reading
 School

Science
 Student
 Teacher
 Writing

Riddle of the Month

What kind of tree can you carry in your hand?

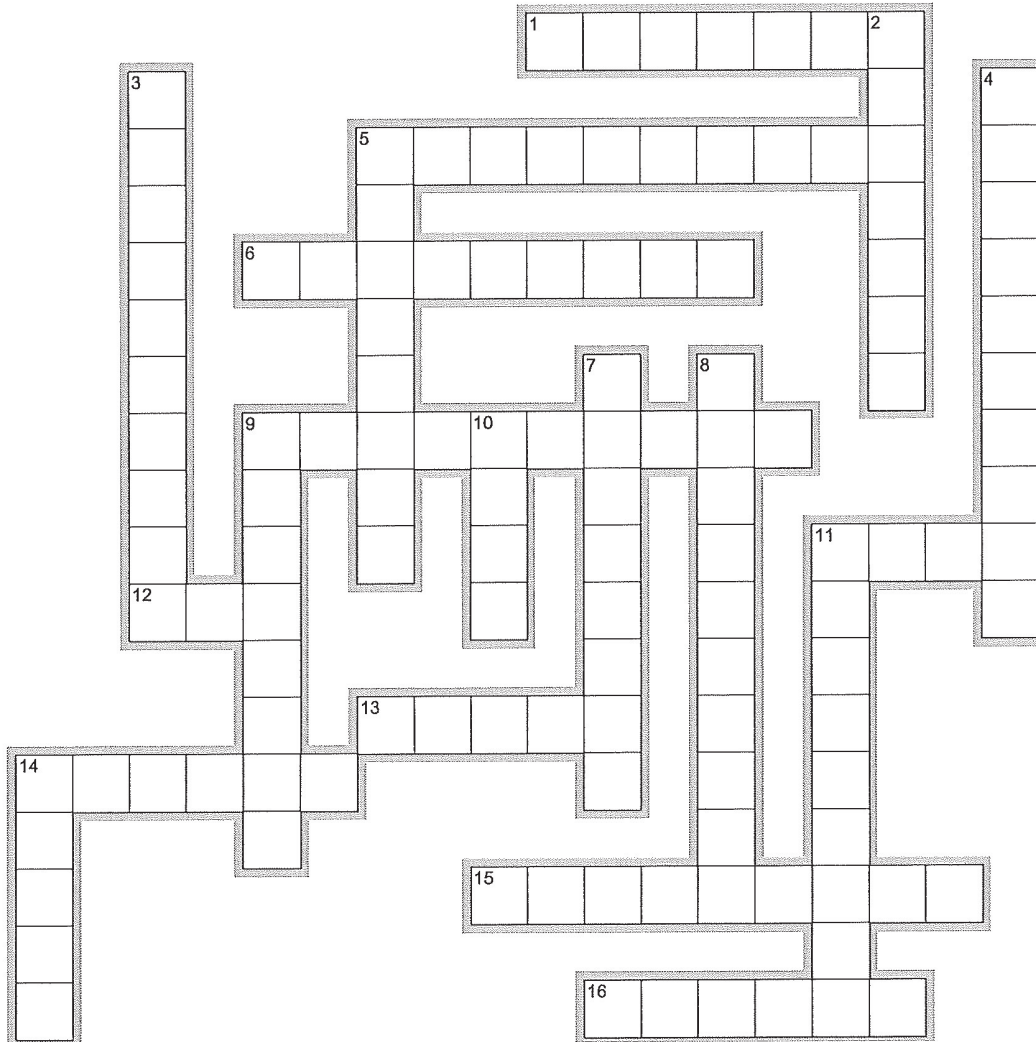
Answer the riddle correctly by the 15th of the month at Saline County Aging Services and get entered into a drawing to win a prize at the end of the month!

Please include your phone number with your answer!

5	2	7	1				3
			7		9		5 1
	9				4		
9	1						4
			6	4	2		
	3						6 5
			8				7
2	5		4		3		
7					6	3	2 8

D-Lightful Dishes

The answer to every clue in this crossword begins with the letter D.
You'll need that extra bit of help solving some of the more *difficult* clues!



Across:

1. Type of cold eggs prepared with savory seasoning
5. The lower part of a chicken's or turkey's leg (plural)
6. Strong coffee served after dinner in a small cup
9. Dehydrated apples, bananas, apricots, etc. (2wds)
11. Oblong, fleshy fruit of an Old World palm tree
12. Goes well with chips or fresh vegetables
13. Chicken or turkey sliced and baked with broccoli and hollandaise sauce
14. Light, rich flaky pastry
15. A weed with bright yellow flowers, whose leaves are sometimes eaten as "greens"
16. A large, long white winter radish

Down:

2. Any sweet dish served at the end of a meal
3. Kind of rich chocolate cake (2wds)
4. Hot morning beverage made with a certain kind of appliance (2wds)
5. A piece of dough cooked by boiling or steaming
7. Refers to a sauce that goes on salad or to poultry stuffing
8. A cucumber prepared with a certain aromatic herb (2wds)
9. A kind of thick, baked pizza (2wds)
10. The flesh of a web-footed swimming bird
11. One of several cuts of beef, typically a boneless ribeye steak or a bone-in top loin steak
14. A small ring of sweet dough, fried in fat, sometimes filled or frosted.



Czech Days 2018

Friday, August 3rd—Sunday, August 5th

Come enjoy some fresh squeezed lemonade and some shade!

109 W. 3rd St.

Funds raised support Saline County Aging Services programs county wide!

See you there!
-Lori, Katie, Laura

Full Circle



Save the date

September Full Circle Events

Law Tidbits for Seniors
by Attorney Mary Wilson

Attorney Mary Wilson will be the featured program speaker for our Full Circle events. Her program, “Law Tidbits for Seniors” will cover such topics as Power of Attorneys, Health Care Power of Attorneys, Living Wills, POD’s, Transfer on Death Deeds, and other topics as requested.

See September issue for more details!

Wilber—September 26th 9:30 a.m.

Friend—September 26th 12:00 p.m.

Announcements



PLEASE PLEASE PLEASE....Call to make an appointment if you are needing one of the staff members' attention for any matter. Due to staff changes we can not guarantee that we will be in the office or have time at the moment you come in. Thank you so much for your understanding!

Interested in coming to one of our foot clinics?
We have clinics in
Dorchester, Crete, Friend and Wilber.
Call Laura at 402.821.3330 to make an appointment near you!



Our newsletter is growing!

Do you enjoy your monthly newsletter?

We LOVE providing this essential service to all of our wonderful clients.

Our newsletter is growing and getting more popular by the day! Over the course of the last year we have gone from sending out 215 newsletters a month to 350+!

We are so excited that it has gained so much popularity and you all love it so much! Along with it's growing popularity comes new cost challenges for our Non-Profit program.

Our postage cost has grown tremendously as well.

While we love and will continue offering this service free of charge, we are hoping that you will be willing to help! Please consider giving a suggested contribution of \$5 for the entire year's worth of newsletters. That's less than \$0.42 per issue!

What is a suggested contribution?

This means that we will accept anything from \$0 to \$1 million+!
You will continue to get your monthly newsletters with no interruptions regardless of your choice to contribute!

Thank you so much for your continued support of all of our programs at Saline County Aging Services!!

****THANK YOU SO MUCH FOR ALL OF THE DONATIONS WE HAVE RECEIVED!****

We couldn't do what we do without all of your support!



Have you moved? Do you have a new phone number? How about a new Emergency Contact? If any of this information changes please let us know so we can still get ahold of you!

Self-Advocacy Continued...

Among survivors of multiple myeloma, a rare blood cancer, over one-third (36%) did not report all symptoms and adverse effects to their doctors or nurses. The most common reason was, “I don’t think anything can be done about these problems.”



The bottom line is that it is not enough just to tell patients and caregivers that they need to be self-advocates. To empower patients, we need to provide individuals facing serious diseases with the resources and the skills to make this possible. That means ensuring that patients have accurate information that they are able to understand and use, assisting them in developing appropriate questions, making it easy to access their medical records, and opening the doors to thinking about what is important to them at various decision points during the course of treatment.

Patients can learn skills to help them communicate better, use their time and that of their doctors’ wisely, know when to ask for additional help. One doctor with whom I have worked suggests that patients who have complicated issues to discuss notify the office in advance so that the extra time can be made available. Patients also benefit from taking advantage of the patient-centered care that nurses, nurse practitioners, social workers and patient navigators offer. When, for whatever reason, the relationship isn’t working, patients need the skills and confidence to make changes.



In addition to discovering or acquiring the skills needed to become effective self-advocates, people facing cancer also need to be empowered to believe that their voices can and should be heard. Older people, those who are less educated or come from lower socioeconomic groups—those who are timid by nature—may find it difficult to question someone they perceive as authority figures who control their destiny. They may fear asking “dumb” questions or alienating their doctors by questioning them. And, trust is critical to any good doctor-patient relationship. Patients want to believe in their doctors. The goal must be to create a safe, secure and nurturing environment which encourages every patient and caregiver to trust not only their treatment teams but also to ask for what they need.

Article is from psychologytoday.com














Do you like to play cards?

We've started a new Pitch group and we want YOU to join us!

Games will be
every Friday
in
'The Back Room' at SCAS
from
11am to 3pm

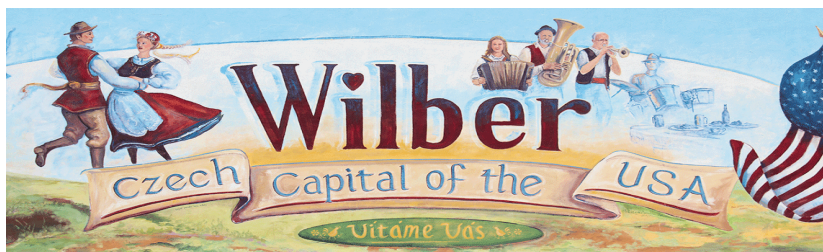
Call SCAS office for more information!

August Activities

			1 Lunch 12:00 p.m. 	2 Tai Chi 9-10 Quilting 1-5 Tai Chi 930-1030 Tai Chi 1:00-2:00 Tai Chi 2:00-3:00	3 Pitch 11a—2p Czech Days	4
5 "Vitame Vas" "We Welcome You" 	6 Root Beer Float Day 	7 Foot Clinic Tai Chi 9-10 Quilting 1-5 Tai Chi 930-1030 Tai Chi 1:00-2:00 Tai Chi 2:00-3:00	8 Foot Clinic Lunch 12:00 p.m. 	9 Tai Chi 9-10 Quilting 1-5 Tai Chi 930-1030 Tai Chi 1:00-2:00 Tai Chi 2:00-3:00	10 Pitch 11a—2p S'mores Day 	11 Bowling Day 
12 Vinyl Record Day 	13 Left Handers Day 	14 Foot Clinic Tai Chi 9-10 Quilting 1-5 Tai Chi 930-1030 Tai Chi 1:00-2:00 Tai Chi 2:00-3:00	15 Foot Clinic Lunch 12:00 p.m. 	16 Foot Clinic Tai Chi 9-10 Quilting 1-5 Tai Chi 930-1030 Tai Chi 1:00-2:00 Tai Chi 2:00-3:00	17 Pitch 11a—2p 	18 Honey Bee Day 
19 Bow Day 	20 Radio Day 	21 Tai Chi 9-10 Quilting 1-5 Tai Chi 930-1030 Tai Chi 1:00-2:00 Tai Chi 2:00-3:00	22 Lunch 12:00 p.m. Tooth Fairy Day 	23 Tai Chi 9-10 Quilting 1-5 Tai Chi 930-1030 Tai Chi 1:00-2:00 Tai Chi 2:00-3:00 Senior Dinner	24 Pitch 11a—2p Waffle Day 	25 Banana Split Day 
26 Cherry Popsicle Day 	27 	28 Tai Chi 9-10 Quilting 1-5 Tai Chi 930-1030 Tai Chi 1:00-2:00 Tai Chi 2:00-3:00 Senior Dinner	29 Lunch 12:00 p.m. 	30 Tai Chi 9-10 Quilting 1-5 Tai Chi 930-1030 Tai Chi 1:00-2:00 Tai Chi 2:00-3:00	31 Pitch 11a—2p 	
Key: Crete Dorchester Wilber Friend DeWitt			All foot clinics are by appointment only.	Interested in a foot clinic appointment for Wilber, Crete or Friend Call us at 402.821.3330	For DeWitt call Bev Plihal at 402.683.6475 or 402.520.0873	

What's Happening Near You?

<p>DeWitt Senior Center Meal Schedule For meal reservations, call Bev at 683-6475 or 520-0873</p>
<p>WEDNESDAY, August 1st</p>
<p>Program—Music by Tom Shutts Menu—Turkey Wrap, Fresh Fruit, Cottage Salad, Milk</p>
<p>WEDNESDAY, August 8th</p>
<p>Program— A Visit By Wilber's Czech Royalty Menu— Chicken Fried Steak, Mashed Potatoes, Corn, Fruit & Milk</p>
<p>WEDNESDAY, August 15th</p>
<p>Program— White Elephant Bingo Menu— Goulash, Green Beans, Garlic Bread, Fruit & Milk</p>
<p>WESNESDAY, August 22nd</p>
<p>Program— Price is Right Menu—BBQ Chicken, Baked Beans, Garlic Bread, Fruit & Milk</p>
<p>WESNESDAY, August 29th</p>
<p>Program— Do You Recycle? By Amanda Woita Menu—Rib Tips, Coleslaw, Mixed Vegetables, Fruit & Milk</p>







Darlene Musil
 of
 Western

received a \$5 gift card to Subway!
 Get your answers in by the 15th
 for this month's riddle so you can
 be the next winner!

The answer to July's
 riddle was NOTHING.



★ HAPPY ★
BIRTHDAY!

A special wish to all of the
 August birthdays out there from
 Saline County Aging Services!

Interested in Home Delivered Meals??

For DeWitt call: 402.683.6475
 For Wilber & the rest of Saline County call: 402.821.3330

COMMUNITY SUPPER: Join community members of all ages and walks of life at the First Evangelical Lutheran Church in Wilber every Monday at 5:30 p.m. for a meal and fellowship. No cost, open to everyone regardless of age.

SENIOR CITIZENS DINNER: Come to the noon dinner on Thursday, August 23, 2018, in the Wilber Care Center's Activity Room. Please RSVP by August 17th to one of the following numbers: 821-2014, 821-2271 or 821-3259.

Farmers' Market Coupons



Saline County Aging Services is now taking names of those interested in applying for Farmers' Market Coupons through the Seniors Farmers' Market Nutrition Program

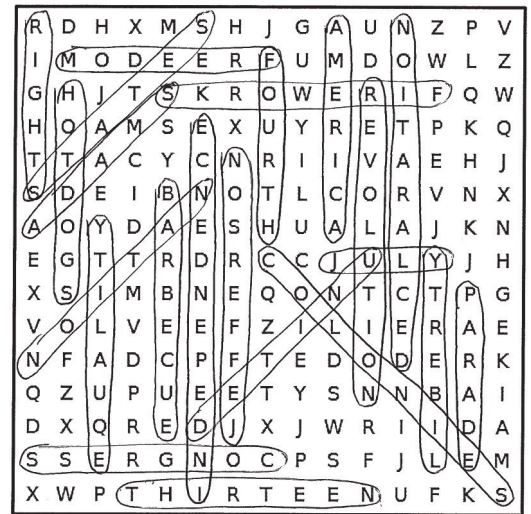
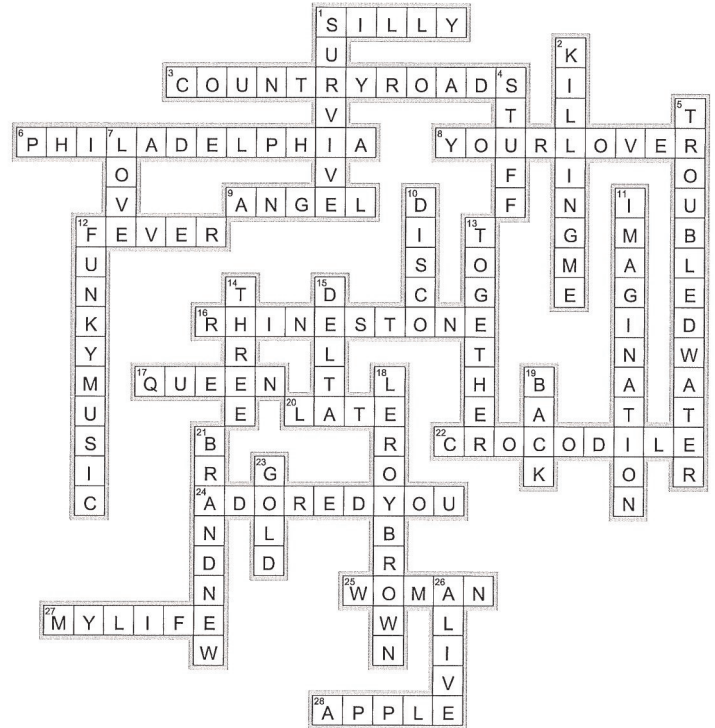
(SFMNP). The SFMNP strives to improve the diet of participants, thereby promoting good health to help them maintain their independence.

The Farmers' Market Coupons will be provided to qualified Saline County residents. To qualify, Saline County residents must:

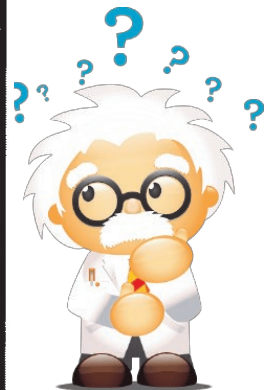
- be 60 years of age or older,
- meet income guidelines,
- AND attend a mandatory but brief nutrition presentation.
- Be prepared to show proof of age and income.

At this time, Coupons will still be given out on a first come, first served basis, unless demand is greater than our supply. **(Please note: We only receive a limited amount!)** Saline County Aging Services should have coupons available in June. One set will be issued per qualified household. A set consists of sixteen coupons, with a face value of \$3.00. (One set is valued at \$48.00) These coupons can be redeemed for locally grown food from any SFMNP vendor, for any locally grown raw or fresh fruits, vegetables, herbs and pure, unprocessed honey.

If you have any questions or would like to apply for the coupons please call Saline County Aging Services at 402-821-3330 or 1-800-778-3309.



4	7	3	9	6	8	5	1	2
8	9	5	3	1	2	4	6	7
6	1	2	4	7	5	3	9	8
9	2	6	1	4	3	7	8	5
1	5	4	8	2	7	9	3	6
7	3	8	5	9	6	1	2	4
2	4	9	6	5	1	8	7	3
3	6	1	7	8	4	2	5	9
5	8	7	2	3	9	6	4	1



Do you want the Saline County Aging Services Newsletter sent to your door?

Cut this slip out, fill the information in below, and mail it to
Saline County Aging Services– PO Box 812– Wilber, NE 68465
or bring it into our office at 109 W. 3rd Street in Wilber
or call us at 402-821-3330.

Name:

Mailing Address:

If you would rather have it sent via email, please provide your email address, printing carefully



LIST of 2018 HOLIDAYS that SCAS WILL BE CLOSED



Saline County Aging Services will be closed in observance of the following County holidays.
If in doubt, please call 402-821-3330.

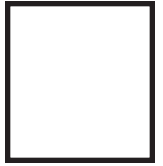
Jan. 1 New Year's Day
Jan. 15 Martin Luther King Day
Feb. 19 Presidents' Day
Apr. 27 Arbor Day
May 28 Memorial Day
July 4 Independence Day

Sept. 3 Labor Day
Oct. 8 Columbus Day
Nov. 12 Veterans' Day
Nov. 22 Thanksgiving
Nov. 23 Day after Thanksgiving
Dec. 25 Christmas Day

 *Saline County Aging Services*

Improving and enriching the quality of life and independence of older persons in Saline County

PO BOX 812, 109 W. 3rd Wilber, Ne 68465 402.821.3330



Saline County Aging Services is dedicated to providing programs to all Saline County individuals over 60 and their caregivers. Saline County Aging Services is committed to ensuring that no person is excluded from participation, denied benefits, or otherwise subjected to discrimination on the basis of race, color, national origin, sex, age, or disability.



PO BOX 812, 109 W. 3rd Wilber, Ne 68465 402.821.3330

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