

Take Charge!

THE COMPLETE GUIDE TO

Senior Living
in New York City

JOHN VINTON

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Take

*The Complete Guide to
Senior Living in
New York City*

Charge!

John Vinton



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**To the social workers of New York City,
who make life better for us all**

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Preface

What's out there for people over 60? A lot, especially if you live in New York City.

But before you can take advantage of the opportunities, you first have to get used to the cluttered landscape of aging: agencies, programs, laws, regulations, income and asset limits, forms, questionnaires, acronyms, and jargon. Dealing with some of the bureaucracies can feel like standing at the edge of a country where there's no map and the language sounds like gibberish. Lawyers, accountants, and social workers spend entire careers keeping track of the changing pathways.

Part of the problem is that the social and medical needs of seniors have been recognized one by one over many years. The programs that address these needs have also arisen one by one, each with its own budget, its own rules, and its own administrators. The minimum age for some programs is 50, for others 55, 60, 62, or 65. The income and resource limits for various programs are even more diverse. Legal documents, such as powers-of-attorney and healthcare directives, differ for every state. Senior housing differs not only by state but by county, provider, and building.

For the senior who needs precise information, another problem exists: Most self-help guides are written for a

national or statewide audience; they don't describe local variations. They often say that something "may be available in your community," but they don't know for sure, and they don't give names and phone numbers. If they tell you to "call your local area agency on aging," you may be kept on hold for long periods of time or channeled into a maze of recorded messages. And what do you get? Often only a generic answer and perhaps another phone number.

A final problem is that aging is awash in single-subject resources—hotlines, websites, books, pamphlets, directories, catalogs, magazines, brochures, fliers, fact sheets, newsletters, and reports. Although they contain useful information, they rarely tell you how one subject relates to and influences another. If you want the whole picture—and one that's appropriate to who you are and where you live—you have to gather a massive quantity of material and organize it yourself.

This book does the gathering and organizing for seniors who live in New York City. It's the first attempt anywhere to compile an all-inclusive guide.

Every senior concern (as identified by journalists, social workers, consumer groups, advocacy groups, government agencies, and gerontologists) is covered here. There are descriptions of programs (national, state, city, and borough), local offices for national and state agencies, explanations of laws (national, state, and city), estimates of costs, places to go for help, clarifications of jargon, free hotlines and websites, free and low-cost publications, places to relax and expand the mind, and warnings about things to avoid.

I hope this guide helps you understand the New York City landscape after 60 and makes your journey more fulfilling.

*Choices
in Life
Enrichment*



1

Arts and Entertainment

Senior Centers and Public Libraries

Most neighborhood senior centers and libraries present free daytime events, including live performances; classes in art, writing, and acting; videos and films; and readings, talks, and discussion groups. Calendars of these events are available at each center and library. The libraries of New York City also provide books-by-mail services (see “Library Books for the Homebound” in chapter 7).

For the locations of senior centers: ☎ 212/442-1000, www.ci.nyc.ny.us/aging

Sundays at JASA

The Jewish Association for Services for the Aged (JASA) sponsors a wide variety of Sunday arts workshops at Intermediate School 41, 100 West 77th Street, Manhattan.

For information: ☎ 212/273-5304 (Sundays, 212/579-5748)

Senior Action in a Gay Environment (SAGE)

SAGE is a community support agency that serves sexual minorities (lesbians, gay men, bisexuals, and transgender persons). It offers arts workshops, discussion groups, day trips to cultural sites, and restaurant and theater outings, among other programs. Participation in many SAGE activities is free. Those who pay a yearly membership fee of \$35 receive a monthly newsletter plus discounts on SAGE activities for which a fee is charged.

For information: ☎ 212/741-2247

Discounts at Museums and Exhibitions

Everyone age 62 or older should ask about senior discounts when entering a New York City museum, art show, or other exhibition. Discounts range from 25 to 60 percent. At some venues the minimum age for senior discounts is 65.

Discounts at Concert Halls

Senior discounts are offered to some opera, orchestral, chamber music, and recital performances, usually in the form of “rush” tickets that are sold on the day of the concert. Call the ticket office several hours before a performance to see if rush tickets are available. If there is a minimum age requirement, it usually is 62. Group rates can sometimes be arranged for parties of seniors.

Free and Discount Theater Tickets

Senior centers in all boroughs are eligible to receive blocks of 25 free tickets to Wednesday matinees of Broadway shows. The tickets are donated by the Shubert Organization. For information and tickets: Senior Theater Enrichment Project, New York Foundation for Senior Citizens, ☎ 212/962-7653 or 962-7559

Many of the city's senior centers distribute free and discount tickets that are furnished directly to the centers by theater producers.

Discounts at Movie Theaters

Most movie theaters in the city offer senior discounts, usually at off-peak hours or on certain days of the week. Minimum age requirements vary from 60 to 65.

Senior Theater Companies

Roots and Branches is an intergenerational theater company sponsored by the Jewish Association for Services for the Aged (JASA). It is comprised of professional and amateur actors age 65 and older plus drama students from New York University. The group creates plays based on life experiences and improvisation exercises and performs at senior centers, museums, and other venues.

For information about auditions and performances: JASA, ☎ 212/273-5200

Seasoned Citizens Theater Company consists of performers age 65 and older who create musical reviews (song, dance, and comedy) that are presented at senior centers, nursing homes, hospitals, and other venues in and near the city. Performers are paid a small stipend plus expenses.

For information about auditions and performances: ☎ 212/358-1523

Elders Share the Arts (ESTA)

ESTA sponsors workshops in theater, storytelling, writing, and the visual arts for seniors and intergenerational groups. The workshops, which are led by professional artists, are held at senior centers, schools, nursing homes, and other neighborhood sites. They are based on the life experiences of the participants and often culminate in

presentations and exhibitions. ESTA also sponsors annual citywide festivals.

ESTA recruits two paid touring ensembles from among its workshop participants: **The Pearls of Wisdom** consists of senior storytellers; **Las Añoranzas** consists of women who perform traditional Puerto Rican songs, games, and stories.

ESTA publishes training manuals and offers training programs for people who work with seniors and want to learn ESTA's techniques for using personal history in arts projects.

For information: ☎ 212/529-1955

Elder Craftsmen (EC)

EC offers free teacher training in the crafts for seniors and representatives of senior organizations, including senior centers and nursing homes. It also provides free and low-cost crafts programs for senior organizations. EC hosts exhibitions and demonstrations, especially of work from immigrant and minority groups, and organizes projects to make clothing, toys, and household items for the sick, homeless, and others in need. The teacher-training program, called "Elder Crafters Teaching Others," pays its senior graduates a small stipend to teach crafts at senior centers.

For information: ☎ 212/861-5260

Financial Assistance

The Voluntary Association for Senior Citizens Activities offers financial assistance to senior groups that want to host or attend a cultural event such as an exhibition, play, or concert. Grants are made primarily to the poor and underserved and to the frail and isolated.

For information: ☎ 212/645-6590

Recreation and Travel

New York City Department of Parks and Recreation (P&R)

P&R operates 25 recreation centers for people of all ages. Some of these centers host senior clubs, senior aerobics classes, old-timers basketball, and other seniors-only programs. Most centers also host senior-friendly activities such as billiards, shuffleboard, Ping-Pong, table games, quilting, arts and crafts, bingo, yoga, tai-chi, swimming, sing-alongs, computer instruction, and ballroom, African, folk, and line dancing.

For information about P&R recreation centers and their programs:

Bronx	 718/430-1838
Brooklyn	 718/965-8995
Manhattan	 212/360-8131
Queens	 718/263-4121
Staten Island	 718/390-8023

P&R also operates four seniors-only recreation centers:

Bronx	Owen Dolen Senior Center,  718/822-4683
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Brooklyn	Fort Hamilton Senior Center, ☎ 718/439-4296
Manhattan	J. Hood Wright Senior Center, ☎ 212/927-1539 Pelham Fritz Senior Center, ☎ 212/860-1380

Golf

P&R operates twelve 18-hole courses, one 9-hole course, and one “pitch-and-putt” course. On weekdays seniors age 62 and older may use the 9- and 18-hole courses for \$8 and the pitch-and-putt course for \$6. The 9-hole course offers a \$25 weekday special that admits two seniors and includes the use of a golf cart.

For information: ☎ 212/360-8111

Tennis

Seniors age 62 and older can obtain season permits (April to November) for use at P&R’s tennis courts for \$20.

For information: P&R Permit Information Line, ☎ 212/360-8133

Other Recreation Programs

The city’s neighborhood senior centers and clubs offer free and low-cost recreational opportunities such as table games, discussion groups, exercise and hobby classes, and arts workshops.

On Sundays the Jewish Association for Services for the Aged (JASA) sponsors a wide variety of arts and recreation activities at Intermediate School 41, 100 West 77th Street, Manhattan. For information: ☎ 212/237-5304 (Sundays, 212/579-5748)

The city’s health clubs, YM-YWCAs, and YM-YWHAs offer membership discounts for seniors as well as senior-friendly and seniors-only programs.

Some Medicare health plans sponsor free neighborhood walking clubs and other exercise programs for their members.

Low-Cost Day Trips

Many senior centers, senior clubs, and recreation centers offer day trips to museums and other attractions in the city, to nearby parks and historic sites, and to Atlantic City. There is no directory of the organizations that offer these trips, but your local senior center should have information.

Discount Travel

Discounts for Members of National Organizations

The membership benefits offered by national senior organizations usually include discounts at hotels, motels, and restaurants; on airlines and cruise ships; at car rental businesses; and at theme parks and other attractions. Senior organizations that offer these benefits include:

American Association of Retired Persons, ☎ 800/424-3410

Catholic Golden Age, ☎ 800/233-4697

National Council of Senior Citizens, ☎ 301/578-8832

Trains, Buses, Cruise Lines, and Sightseeing Tours

Amtrak offers seniors age 62 and older a discount of 15 percent on all train fares.

Greyhound offers bus fare discounts to seniors age 65 and older. The discount for midweek travel is 10 percent; for weekend travel, 5 percent.

Cruise ships rarely offer senior discounts, and the discount is usually restricted to companions who share accommodations with a full-fare senior passenger. The age

Discount Travel Tips

Always carry with you:

- a photo ID that includes your birth date
- your membership card(s) in senior organization(s)
- a photocopy of your Medicare card

The time to ask for a senior discount is when checking into a hotel or motel, not when checking out. But first, ask for the lowest available rate. Then ask for the senior discount. The senior discount may not be the lowest rate. Remember that off-season rates are usually lower than in-season and holiday rates.

requirement for discounts is 60–65, depending on the cruise line. National senior organizations often provide discount cruise rates to their members, as do the travel clubs operated by large airlines.

Sightseeing tours usually offer discounts to seniors. Two New York City ship tours, Circle Line, ☎ 212/563-3200, and Spirit Cruises, ☎ 212/727-2789, offer discounts of 5 to 10 percent to seniors age 60 and older.

Airlines

Most airlines offer senior discounts of at least 10 percent. A few offer discounts as high as 25 to 40 percent. The minimum age requirement is usually 62–65. Some airlines offer discounts to members of national senior organizations regardless of age. The discounts often apply to a senior's traveling companion regardless of the companion's age.

Most large airlines also offer senior discount booklets of four to eight coupons that can be used for the full purchase price of one-way fares. The cost per coupon is usually \$80–\$100. The coupons must be used within one year after the booklet is purchased.

Some airlines offer one-year senior “passports” good for unlimited travel. Passports cost from \$1,200 (for coach) to \$1,700 (for first class).

Some airlines have travel clubs for seniors that offer discounts on hotel, car rental, and cruise-ship rates in addition to discount airfares.

Discount seats are usually limited in number. Advance purchase of tickets is often required. There may be restrictions on what days of the week the discounts and coupons will be honored.

In the case of family emergencies, many airlines offer senior “bereavement” or “emergency” discount fares for which advance purchase and other restrictions do not apply.

Hotels, Motels, Restaurants, Tourist Attractions, and Theme Parks

When making a reservation or entering a tourist facility, everyone age 55 or older should ask if a senior discount is available. (Always ask when making the reservation, not when paying the bill.) The usual discount is 10 to 30 percent but can be as high as 50 percent. Members of airline travel clubs or national senior organizations may be eligible for special discounts.

Travel Clubs

Many hotel chains and large airlines sponsor discount travel clubs for seniors. The clubs offer discounts at the sponsor’s facilities and on other travel products. There is often a yearly membership fee. Most of the advantages offered by these clubs are also available free to members of the national senior organizations named above.

Free Admission to National Monuments, Parks, and Historic Sites

Seniors age 62 and older may purchase a \$10 lifetime “Golden Age Passport” that entitles the holder and all members of his/her party to free admission at all national monuments, parks, and historic sites. The passport also entitles the holder to a 50 percent discount on fees for camping sites, parking, and equipment rentals.

The passport, which must be purchased in person, is sold at all sites that normally charge admission. In New York City the passport is sold at the Theodore Roosevelt Birthplace National Historic Site, 28 East 20th Street, Manhattan, ☎ 212/260-1616.

Free Admission to New York State Parks and Historic Sites

Seniors age 62 and older are admitted free on weekdays to all New York State parks and historic sites. To obtain free admission, present at the entrance gate a photo ID that includes your date of birth.

Hostelling International: Cycling, Hiking, and Accommodations

Hostelling International (HI) and its U.S. affiliate, American Youth Hostels (AYH), offer their members low-cost dormitory accommodations across the U.S. and in 70 foreign countries. Travelers provide their own linen and towels and may be asked to help with light cleaning.

AYH also offers skill-rated cycling and hiking tours to U.S. parks and wilderness areas for groups of 9–10 people. HI offers similar tours in Europe and Israel for groups of 10–20. Some tours are reserved for those age 50 and older.

The easiest cycling tours average 35 miles per day over moderate terrain. The easiest hiking tours average four to seven miles per day, also over moderate terrain. Some hiking tours are structured as a series of day trips with transportation by van between trailheads and hostels.

Safety Tips for Travelers

Money

- Use Traveler's Checks, credit cards, and ATM cards instead of cash.
- Carry with you only those credit and ATM cards you will need.

In Public Places

- Don't display cash or jewelry.
- Don't display room keys.
- Don't leave room keys on tables.
- If you carry a purse, keep it close to your body. If possible, keep cash, credit cards, and other valuables on your person, not in your purse.
- When seated in a restaurant or other public place, keep purses, backpacks, and other carry-alls in your lap or between your feet.
- Keep your wallet in an inside coat pocket or a front trouser pocket.

For those age 55 and older membership in HI-AYH is \$15 per year. Members receive a free guide to North American hostels and may purchase two other guides to HI facilities: *Europe and the Mediterranean*, and *Africa, America, Asia and Oceania*.

For information: ☎ 202/783-6161

Low-Cost Publications

The Senior Citizen's Guide to Budget Travel in Europe and *The Senior Citizen's Guide to Budget Travel in the United States and Canada*. Both available for sale from Pilot Books, ☎ 800/79PILOT, www.pilot-books.com

In Your Car

- Keep the doors locked.
- Don't leave belongings where they are visible.

In Hotels and Motels

- Use the main entrance, especially at night.
- Watch out for loiterers in parking areas.
- Don't answer the door without verifying who is there.
- Use a safe deposit box for valuables.

Luggage

- Never leave luggage unattended.
- Don't put your full name and home address on ID tags.

Discount Travel Swindles

Consumers lose millions of dollars every month to swindlers who offer discount travel packages over the phone, over the internet, and in newspaper and magazine advertisements. The packages usually cost less than \$1,000.

One typical swindle offers a bargain rate for transportation for one person if a companion pays "full" fare. The "full" fare is so overpriced that it and the bargain fare cost more than two regular tickets.

Another swindle offers bargain air fares but then overcharges for substandard accommodations.

A third swindle promises a "free" trip but then requires various fees to be paid in advance. Once the "fees" are paid, the swindler and the trip disappear.

How to Protect Yourself

1. Beware of travel packages that sound unbelievably cheap.
2. Always ask for detailed written information.
3. Never pay anything until you receive written information.
4. Be sure you understand exactly what the price does and does not cover.
5. Ask for the names of the airlines, hotels, and restaurants the package includes. Call these providers and make sure they actually do business with the company you're in touch with.
6. Beware of offers that must be accepted immediately.
7. Beware of offers that require you to send money in a hurry.
8. Never pay in cash.
9. Never give a credit card number until you are certain that the travel package is legitimate.
10. If your questions are not answered fully and clearly, assume the worst: The deal is a swindle.

Where to Report a Travel Swindle

The Federal Trade Commission, ☎ 212/264-1207
Internet Fraud Watch, ☎ 800/876-7060, www.fraud.org/ifw

The National Fraud Information Center, ☎
800/876-7060

The New York State Attorney General, Consumer Division, ☎ 212/416-8345

Free Publication

Telemarketing Travel Fraud. Available from the Federal Trade Commission, ☎ 202/326-3650

Learning and Travel Opportunities

Elderhostel

Elderhostel offers low-cost, one- to four-week travel and learning experiences in the U.S., Canada, and 49 other countries for people age 55 and older. International programs emphasize the natural and cultural resources of host countries as well as contemporary political issues. Foreign travel arrangements are coordinated by Elderhostel, which also provides English-speaking guides and instructors.

For information and course catalogs: ☎ 617/426-8056, www.elderhostel.org

Close Up Program for Older Americans

The Close Up Program offers five- and seven-day tours of Washington, DC, in the spring and fall for people age 50 and older. The program is sponsored by the Close Up Foundation of Alexandria, VA, which provides nonpartisan education about the processes of government. Close Up groups visit sites of historic and cultural interest, attend seminars on national and international issues, and meet lawmakers, diplomats, lobbyists, and journalists. Some tours include visits to historic cities such as Williamsburg and Charlottesville.

For information: ☎ 800/363-4762, www.closeup.org

Work and Travel Opportunities

*AmeriCorp*VISTA*

AmeriCorp*VISTA is a volunteer program that operates throughout the U.S. and is administered by the Corporation for National Service, an agency of the federal government. There is no upper age limit for volunteers. A college degree or professional experience in a particular field is sometimes required.

Volunteers work full time for one year in disadvantaged urban and rural communities, providing services to

the homeless, employment training, literacy training, tutoring, health outreach and education, eldercare, and other community-based services. Volunteers receive a small living allowance, \$1,200 at completion of their year of service, health insurance, and optional low-cost life insurance. Volunteers who move away from home in order to serve also receive a relocation allowance.

Applications are accepted year-round. Most positions begin during the summer.

For information and applications: ☎ 800/942-2677 (TDD 800/833-3722), www.cns.gov

The Peace Corps

The Peace Corps is a federal program that places U.S. citizens in foreign countries to perform various tasks. Seniors are encouraged to apply. Married couples are welcome if both can work.

Volunteers receive a monthly living allowance as well as all travel, healthcare, and training expenses. A “readjustment allowance” of \$175 for each month of service is paid at the end of service, which usually lasts two years and three months.

Priority is given to volunteers who have technical skills. These include: tradespeople such as carpenters, electricians, metalworkers, and plumbers; teachers; people with small-business experience; food and sanitation workers; engineers; and mathematicians and scientists.

Seminars for prospective volunteers are held twice a month at the World Trade Center in Manhattan.

For information and seminar schedules: ☎ 800/424-8580, www.peacecorps.gov

Active Retirees in Israel (ARI)

ARI, a program of B'nai B'rith, operates three one- to two-month sessions per year in Israel. The program is open to members of B'nai B'rith who are age 50 or older

and in good health. In 1999 the cost to participants was \$3,400–\$4,275 (double occupancy).

During each session several mornings are spent on volunteer work at schools, hospitals, nursing homes, public gardens, and other sites. The remaining time—about two-thirds of each session—is devoted to tours, leisure activities, entertainment, and lectures.

For information: ☎ 800/500-6533

Elderhostel

Elderhostel, which is known primarily for its travel-and-education programs for seniors, also sponsors community service projects in the U.S. and foreign countries. Participants pay their own expenses.

For information: ☎ 617/426-8056

Low-Cost Publication

Volunteer Vacations. Available for sale from Chicago Review Press, ☎ 800/888-4741

Healthcare for Travelers

Medications

Free Publication

Medications and Travel. Available free from the University of Maryland Center for the Study of Pharmacy and Therapeutics for the Elderly, ☎ 410/706-0897

Health Alerts and Vaccinations

Information on health conditions in foreign countries and on recommended and required inoculations is available from:

HealthAnswers, www.healthanswers.com

International Travelers Hotline of the Center for Disease Control, ☎ 404/332-4559

Private physicians listed in the Yellow Pages under “Travel Health Services”

Physician Referral Services

HotelDocs is a network of AMA-approved physicians in 130 U.S. cities who make house or hotel calls 24 hours a day for a fee of \$150 per visit. The fee includes an examination and diagnosis but not medications, tests, or other services.

For information and requests for a doctor: ☎ 800/468-3537

Inn Care of America is a network of physicians in some 2,200 U.S. cities who will schedule an office appointment on a fee-for-service basis. Calls can be made to the service 24 hours a day. There is a yearly membership fee of \$39.95.

For information: ☎ 800/489-6277

The International Association for Medical Assistance to Travelers (IAMAT) is a network of 850 English-speaking physicians in 130 foreign countries who treat patients for preset fees: \$55 for an office visit, \$75 for a house or hotel visit, and \$95 for a night or holiday visit. Membership in IAMAT is free.

For information and a directory of physicians: ☎ 716/754-4883

Electronic Retrieval Services for Personal Medical Information

Choice in Dying provides a 24-hour electronic retrieval service for advance medical directives (which tell health-care workers what kinds of treatment a patient does and does not want) and the names of healthcare proxies (those authorized to speak on a patient’s behalf if the patient is incapacitated). The service is available for a one-time fee of \$45 for members and \$55 for nonmembers. (Membership is \$25 a year.)

For information: ☎ 212/366-5540, www.choices.org

The Medic Alert Foundation provides a 24-hour retrieval service for personal medical information, includ-

ing the locations where advance medical directives and completed healthcare proxy forms can be found. Medic Alert also provides a wallet card and an ID bracelet or necklace containing the phone number of the retrieval service plus alerts for such conditions as allergies, diabetes, and epilepsy. There is an application fee of \$35 for the service plus a yearly membership fee of \$15.

For information: ☎ 800/344-3226 or 825-3785

Personal Emergency Response Systems (PERS), which provide in-home signaling devices, also store medical information about their subscribers. This information can include advance medical directives and the names of healthcare proxies. Emergency workers can access this information 24 hours a day by calling the PERS office listed on the identification card given to each subscriber. A list of PERS providers is printed in the Yellow Pages under “Medical Alarms, Systems & Monitoring.”

Travel Resources for the Disabled

Organizations and Information Services

American Council of the Blind, ☎ 202/467-5081, www.acb.org

American Foundation for the Blind, ☎ 212/502-7600 (TTY 212/502-7662), www.afb.org

Mobility International, ☎ 541/343-1284 (TTY same), www.miusa.org

MossRehab Hospital Travel Information Service, ☎ 215/456-9600 (TTY 215/456-9602)

Directories of Travel Agencies and Tour Operators

Directory of Travel Agencies for the Disabled. Available for sale from Twin Peaks Press, ☎ 800/637-2256

Disability Express. Available for sale from the Health and Physical Education Department of Southwest Missouri State University, ☎ 417/836-5411

Some Travel Agencies and Tour Operators

Access Tours, ☎ 800/929-4811

Accessible Journeys, ☎ 800/846-4537, www.disabilitytravel.com

Flying Wheels Travel, ☎ 800/535-6790

The Guided Tour, ☎ 215/782-1370

Neverland Adventures, ☎ 800/717-8226

PALSport (Places with Assistive Listening Systems),
☎ 301/657-2248 (TDD 301/657-2249)

Search Beyond Adventures, ☎ 800/800-9979

Travel Turtle Tours, ☎ 800/453-9195

Wilderness Inquiry, ☎ 800/728-0719

Free and Low-Cost Publications

Access Travel U.S.A. and *Easy Access to National Parks.*

Both available for sale from Accent Books and Products, ☎ 800/787-8444

The Disabled Driver's Mobility Guide (publication 3772).

Available for sale from AAA, ☎ 212/ 757-2000

Great American Vacations for Travelers with Disabilities.

Available for sale from Fodor's, ☎ 800/533-6478

Guide to Accessible Travel: Resources for Travelers with Disabilities (publication D 15697). Available free to members of the American Association of Retired Persons, ☎ 800/424-3410

Handicapped Travel Newsletter. Available for sale from P.O. Box 269, Athens, TX 75751

How to Travel: A Guidebook for Persons with a Disability. Available for sale from the Science and Humanities Press, ☎ 314/394-4950

Travel for People with Disabilities and *Wheelchair Vagabond.* Both available for sale from Twin Peaks Press, ☎ 800/637-2256

Travel Tips for Hearing Impaired People. Available free from the American Academy of Otolaryngology, ☎ 703/836-4444 (TDD 703/519-1585)

Travel Tips for People with Arthritis. Available for sale from the Arthritis Foundation, ☎ 212/984-8730, www.arthritis.org

Low-Cost Senior Camps

The following camps offer summer and holiday sessions for seniors. All are located close to New York City, and most provide transportation to and from pick-up sites in one or more of the city's boroughs. Costs range from \$135 to \$600 per session.

Location	Name and Telephone
Copake, NY	Berkshire Hills-Emmanuel Camps, ☎ 718/828-8952
Poyntelle, PA	Block and Hexter Vacation Center, ☎ 212/751-8580
Dover Plains, NY	Camp Green Acres, ☎ 212/674-3500
Falls Village, CT	Camp Isabella Freedman, ☎ 212/242-5586
Oakhurst, NJ	Camp Oakhurst, ☎ 212/533-4020
Hopatcong, NJ	Hudson Guild Farm, ☎ 212/760-9808
Brewster, NY	Salomon Camping Center, ☎ 212/475-6200
Bloomington, NY	Star Lake Lodge, ☎ 201/838-7000
Ivoryton, CT	Vacation Lodge for Older Adults, ☎ 203/767-0848

Financial Assistance

Assistance is available directly from some of the camps. For information call each camp.

Another provider of financial assistance is the Voluntary Association for Senior Citizens Activities (VASCA), which offers “camperships” to people with low and occasionally moderate incomes (housing and healthcare expenses are considered in determining eligibility).

For information about VASCA financial assistance and about the facilities, activities, and health requirements at each camp: ☎ 212/645-6590

Vacation Camp for the Blind (VCB)

Visions, a social services agency for the blind and visually impaired, operates VCB, a specially equipped camp in Spring Valley, NY. The camp provides 12-day sessions during the summer and weekend retreats of three to four days throughout the year. Campers are charged what they can afford up to \$50 a day.

For information: ☎ 212/425-2255

Internet Resources



The following websites provide indexes and links to internet resources on aging, including information about recreation and travel:

- Directory of Web and Gopher Aging Sites, www.aoa.dhhs.gov/aoa/webres/craig.htm
- Geroweb, www.iog.wayne.edu/GeroWeb.html
- Internet and E-mail Resources on Aging, www.aoa.dhhs.gov/jpost6/#top (last and final update: 1997)

Learning Opportunities

Senior Centers and Public Libraries

Most of the city's neighborhood senior centers and public libraries host free talks, classes, discussion groups, readings, and other learning opportunities. Calendars of these events are available at each center and library. New York City libraries also provide books-by-mail services (see "Library Books for the Homebound" in chapter 7).

For the locations of senior centers: ☎ 212/442-1000, www.ci.nyc.ny.us/aging

Computer Classes

SeniorNet is a national not-for-profit membership organization for people age 55 and older. It sponsors computer classes for beginners and advanced users at six senior centers in the city. The classes last three to six weeks. Tuition (\$30–\$50) varies by senior center and course length. An additional \$35 fee covers a one-year membership in SeniorNet.

For information and registration forms:

Bronx

Kingsbridge Heights Senior
Center, ☎ 718/884-0700

Manhattan	Hudson Guild (Chelsea), ☎ 212/924-6710 Stanley Isaacs Senior Center (Upper East Side), ☎ 212/360-7620 University Settlement (Lower East Side), ☎ 212/473-8217
Queens	Forest Hills Senior Center, ☎ 718/699-1010
Staten Island	Jewish Community Center (North Shore), ☎ 718/981-1500

For SeniorNet membership and information: ☎ 800/747-6848, www.seniornet.org

Additional computer classes are offered by the New York City Board of Education (see “High School–Level Learning” below), at some senior centers, at some recreation centers (see chapter 2) and by “Sundays at JASA,” a program of the Jewish Association for Services for the Aged, ☎ 212/273-5304.

High School–Level Learning

The New York City Board of Education offers free education for adults of all ages, including those over 60. Classes are held daytimes, evenings, and Saturdays at 120 sites throughout the five boroughs. Subjects include English as a second language, citizenship, office and computer skills, nursing skills, electronic and automotive repair, life management, and basic reading, writing, and math. Full- and part-time job referrals are also provided. More than 350 businesses in the city have hired students from this program.

For information (ask for the Adult Education Office):

Citywide	☎ 718/260-2000
Bronx	☎ 718/292-4104

Queens College Senior Degree Program

At Queens College, seniors can earn an undergraduate degree using their life experiences as partial credit toward graduation.

For information: Queens College Adult Collegiate Education Program, ☎ 718/997-5717

Brooklyn	☎ 718/638-2635
Manhattan	☎ 212/666-1919
Queens	☎ 718/658-2626
Staten Island	☎ 212/964-9033

College-Level Learning

Most colleges and universities in New York City offer learning programs for seniors. These programs include: (1) free and discount tuition for regular undergraduate (and some graduate) courses, (2) seniors-only membership groups that offer courses led by paid instructors, and (3) seniors-only membership groups that offer courses led by group members. Types (2) and (3) may also offer social events as well as local and out-of-town trips.















Free and Discount Tuition

City University of New York (CUNY)

All “senior” (four-year) and “community” (two-year) colleges in the CUNY system offer tuition-free undergraduate courses to people age 60 and older whenever space is available. The senior colleges offer tuition-free courses on an “audit” basis, which means that students attend classes but do not take tests or receive academic credit. The community colleges offer tuition-free courses on an “enrollment”

basis, which means that students participate fully in the course work, including homework and tests, and receive grades and academic credit. The administrative fee for both the audit and enrollment programs is \$70 per semester.

CUNY campuses (for information and course catalogs, ask for the Admissions Office):

Bronx	Bronx Community College,  718/289-5100
	Hostos Community College,  718/518-4444
	Herbert H. Lehman College,  718/960-8000
Brooklyn	Brooklyn College,  718/951-5000
	Kingsborough Community College,  718/368-5079
	Medgar Evers College,  718/270-4900
	New York City Technical College,  718/260-5000
Manhattan	Bernard M. Baruch College,  212/802-2000
	Borough of Manhattan Community College,  212/346-8000
	City College,  212/650-7000
	Hunter College,  212/772-4000
	LaGuardia Community College,  718/482-5000
Queens	Queens College,  718/997-5000
	Queensborough Community College,  718/631-6262

Staten Island York College, ☎ 718/262-2000
College of Staten Island,
☎ 718/982-2000

Other Schools

Manhattan

Columbia University “Life Long Learners” program, ☎ 212/854-2820; minimum age: 65; fee for audited courses: \$175 per semester for any number of courses

Fordham University “College at 60” program, ☎ 212/636-6740; minimum age: 50; fee for courses taken for credit: \$525 per course; fee for audited courses: \$250 per course

New York University School of Continuing Education, ☎ 212/998-7080; minimum age: 65; fee: \$10–\$20 per semester plus one-half off regular per-course tuition (full tuition for most courses is \$200–\$400)

Pace University “Adult Resource Center,” ☎ 212/346-1288; minimum age: 55; fee for courses taken for credit: \$10 per year plus two-thirds off regular per-course tuition; fee for audited courses: \$10 per year plus \$150 per course

Queens

St. John’s University, ☎ 718/990-6161; minimum age: 62; fee for audited courses: \$25 one-time fee plus \$25 per course; fee for courses taken for credit: one-half off regular per-course tuition

Membership Groups

Courses Led by Paid Instructors

- Manhattan New York University School of Continuing Education “Plus” program, ☎ 212/790-1352; minimum age: 65; fee: \$75 per semester for two five-session seminars plus biweekly discussion groups; also required: enrollment in at least one regular course each semester (see fee schedule above); meeting site: 11 West 42nd Street
- Pace University “Adult Resource Center,” ☎ 212/346-1288; minimum age: 55; fee: \$50 per year plus \$0–\$20 per three- to eight-session course
- Queens Queens College “Center for Unlimited Enrichment,” ☎ 718/997-3635; minimum age: 55; fee: \$25 per year plus \$12–\$48 per three- to eight-session course
- Staten Island College of Staten Island “Options for Older Adults” program, ☎ 718/982-3772; minimum age 50; fee: \$50 per semester for any number of one- to eight-session courses; no fee if auditing regular courses under CUNY’s tuition-free audit program or if taking regular courses for credit

Courses Led by Group Members

Three colleges in the city sponsor self-governing membership groups that offer classes and seminars organized and led (on a volunteer basis) by members. Other activities may include social events, art shows, poetry readings,

Tax Break

A federal tax credit of up to \$1,000 is available to those with college-level education expenses. To qualify, income for a single person must be \$50,000 or less, for a couple filing jointly, \$100,000 or less.

visits to local cultural sites and events, and out-of-town travel. The schools are:

- | | |
|-----------|--|
| Brooklyn | Brooklyn College “Institute for Retired Professionals and Executives,”
☎ 718/951-5647; fee: \$50 per year |
| Manhattan | City College of New York “Quest” program, ☎ 212/925-6625; fee: \$450 per year; meeting site:
99 Hudson Street
New School for Social Research,
“Institute for Retired Professionals,”
☎ 212/229-5682; fee: \$320 per semester or \$560 per year |

Learning and Travel Opportunities

Elderhostel offers low-cost, one- to four-week travel and learning experiences in the U.S., Canada, and 49 other countries for people age 55 and older. For information: ☎ 617/426-8056

The Close Up Program for Older Americans offers five- and seven-day tours of Washington, DC, in the spring and fall for people age 50 and older. For information: ☎ 800/363-4762, www.closeup.org


For more information about these programs, see “Learning and Travel Opportunities” in chapter 2.

Job Training, Employment, and Volunteer Opportunities

Job Programs for Low-Income Seniors

Four national programs funded by the federal government operate in New York City:

1. "Title V," which refers to the Senior Community Service Employment Program authorized under the Older Americans Act
2. the Job Training Partnership Act (JTPA)
3. the Foster Grandparents Program, a division of the National Senior Service Corps (NSSC)
4. the Senior Companions Program, also a division of NSSC

For information about NSSC:  202/606-5000 (TDD 202/565-2799), www.cns.gov

Title V

This program operates in all five boroughs and is available to people age 55 and older. In 1999 the annual income limit was \$10,065 for a single person, \$13,565 for

a couple. The program provides subsidized part-time employment in not-for-profit organizations such as schools, hospitals, day care centers, senior centers, libraries, and museums. The jobs include clerk-typist, receptionist, custodian, teacher's aide, kitchen aide, orderly, and security guard. The jobs pay minimum wage for four hours a day, five days a week. The goal is to provide training and work experience and then place workers in regular, non-subsidized jobs.

For information: Senior Employment Services of the New York City Department for the Aging, ☎ 212/ 442-1353; or Intergovernmental Relations of the New York City Department of Employment, ☎ 212/442-2595

JTPA

This program has the same eligibility requirements as Title V. It provides training and help with job placement in such areas as office technologies, banking, customer service, home care, day care, and food service. For referrals to JTPA training sites: New York City Department of Employment Jobs and Training Hotline, ☎ 212/442-2593 or 800/562-7692.

Foster Grandparents

The Foster Grandparents Program is available to persons age 60 and older. In 1999 the annual income limit was \$10,655 for a single person, \$14,325 for a couple. The program offers the opportunity to work 20 hours a week with children who have special needs. The work sites include schools, hospitals, and group homes. The activities include reading aloud, tutoring, and games. In 1999 workers were paid \$2.45 an hour (which is nontaxable) plus transportation, lunch, an annual physical exam, and accident and liability insurance.

For information: Foster Grandparents Program, New York City Department for the Aging, ☎ 212/442-3117

Senior Companions

This program has the same eligibility requirements as Foster Grandparents. It operates from 21 sites throughout the city and is administered by the Henry Street Settlement in Manhattan. Participants work 20 hours a week with frail seniors who need help with bill paying, shopping, escort to medical appointments, and other routine tasks of daily living. Payment is the same as for Foster Grandparents.

For information: Senior Companion Program, Henry Street Settlement, ☎ 212/406-5044 or 406-5057

Job Programs for All-Income Seniors

Senior Employment Services (SES)

A comprehensive job information and referral service for persons age 55 and older is provided by SES, a unit of the New York City Department for the Aging. One program offered directly by SES, called “AgeWorks,” helps seniors upgrade their office and computer skills and find jobs. Another SES program is the “Ability Is Ageless” job fair at which employers, job counselors, and others offer publications, exhibits, one-on-one counseling, and workshops on job availability and job seeking. The fair is usually held every two years in June.

For information: ☎ 212/442-1353

New York City Board of Education

The Board of Education offers free job training to adults, including those over 60. The classes begin in September and/or February and are held days and evenings at sites throughout the five boroughs. Most last five months. The fields covered include clerical, secretarial, computer, word processing, and other office skills; healthcare; electronic equipment repair; and cosmetology. Job counseling, on-the-job training, and job referrals are also avail-

able. More than 350 businesses in the city have hired students from this program.

For information: ☎ 718/260-2100

Free Publication

How to Stay Employable: A Guide for the Midlife and Older Worker (publication D 14945). Available to members of the American Association of Retired Persons, ☎ 800/424-3410

Opportunities for Craftspeople

Many of the city's neighborhood senior centers display and sell the work of seniors.

Elder Craftsmen (EC)

EC offers free teacher training to senior craftspeople, who are then paid a small stipend to teach craft workshops at senior centers.

For information: ☎ 212/861-5260

Consignment Stores

Two retail stores in New York City sell the work of craftspeople, including seniors, on consignment. This means that items displayed in the store are not purchased wholesale by the storeowner but are held for display and sale to consumers. A portion of the sale price is retained by the storeowner, and unsold items are returned to the craftsperson.

The New York City stores are:

New York Exchange for Woman's Work, 1095 Third Avenue, Manhattan, ☎ 212/753-2330

Brooklyn Women's Exchange, 55 Pierrepont Street, Brooklyn, ☎ 718/624-3435

A list of consignment stores throughout the U.S. that display the work of seniors is available free by sending a self-addressed, stamped envelope to Elder Craftsmen, 921 Madison Avenue, New York, NY 10021.

Local Volunteer Opportunities

Most not-for-profit organizations in the city, as well as many government agencies and programs, welcome volunteer workers. Two agencies provide referrals to organizations that are seeking senior volunteers: Retired and Senior Volunteer Corps (RSVP) and the Second Careers Program of the Mayor's Voluntary Action Center (VAC). Both agencies require in-person interviews at which a person's skills, hours of availability, and preferred work locations are matched against requests for volunteers. Transportation costs are paid to and from the volunteer site, and training is provided for some projects. About 13,000 people contribute their skills to organizations they learned about through these agencies.

For information call VAC, ☎ 212/788-7550, or RSVP:

Bronx	☎ 718/993-4087
Brooklyn	☎ 718/624-2853
Manhattan	☎ 212/614-5555
Queens	☎ 212/614-5555
Staten Island	☎ 718/494-3222

Intergenerational Opportunities

Most intergenerational programs draw on the skills of one age group to help another—for example, seniors tutoring students and providing childcare for working families or students teaching English or computer skills to seniors or helping them with daily chores. Other projects promote mutual understanding through social activities. Still others unite young and old to help third parties—for example, providing services to the homeless.

Information about New York City's intergenerational programs is available from:

Experience Corps (links neighborhood retirees with elementary schools), Community Service Society of New York, ☎ 212/614-5567

Mayor's Voluntary Action Center, ☎ 212/788-7550

Retired and Senior Volunteer Corps (see RSVP borough offices above)

Information about the intergenerational movement in New York State is available from the New York Intergenerational Network, Brookdale Center on Aging, ☎ 212/481-4350.

Information about intergenerational programs throughout the U.S. is available from Generations United, ☎ 202/662-4283, www.gu.org

Free Publications

Connecting the Generations: A Guide to Intergenerational Resources (publication D 15596) and *Intergenerational Projects* (publication D 15087). Both available to members of the American Association of Retired Persons, ☎ 800/424-3410

Volunteer Opportunities Outside the City

AmeriCorp*VISTA sponsors one-year work programs in the U.S. Elderhostel sponsors work programs in the U.S. and foreign countries. The Peace Corps sponsors two-year work programs in foreign countries. Active Retirees in Israel sponsors one- to two-month work programs in Israel.

For more information about these programs see "Work and Travel Opportunities" in chapter 2.

Low-Cost Publication

Volunteer Vacations. Available for sale from Chicago Review Press, ☎ 800/888-4741

Advocacy Groups

Well over a hundred groups in New York City advocate on behalf of seniors. Some deal with single issues, such as transportation or hospital care, others with a broad range of issues. Some are neighborhood-based; others are city-wide, statewide, or national. The following groups each deal with a broad range of issues and can provide referrals to smaller and single-issue groups:

American Association of Retired Persons, ☎ 800/424-3410

Gray Panthers, ☎ 212/799-7572

Institute for Puerto Rican/Hispanic Elderly, ☎ 212/677-4181

National Caucus and Center on Black Aged, ☎ 212/481-4426

National Council of Senior Citizens, ☎ 202/347-8800

New York State Council for Senior Citizens, ☎ 212/462-4928

New York StateWide Senior Action Council, ☎ 212/316-9393 (this is also the Council's "Patient's Rights Hotline")

Older Women's League, ☎ 212/496-1409

Senior Action in a Gay Environment, ☎ 212/741-2247

Low-cost advocacy training for seniors is provided by the Joint Public Affairs Committee for Older Adults (JPAC), ☎ 212/273-5262. JPAC also helps individuals and organizations in New York City (including community groups and senior centers) coordinate their advocacy work with others who share their goals.

Internet Resources



The following websites provide indexes and links to internet resources on aging, includ-

ing information about employment and volunteer opportunities:

- Directory of Web and Gopher Aging Sites, www.aoa.dhhs.gov/aoa/webres/craig.htm
- Geroweb, www.iog.wayne.edu/GeroWeb.html
- Internet and E-mail Resources on Aging, www.aoa.dhhs.gov/jpost6/#top (last and final update:1997)

Preventing Abuse and Crime

Elder Abuse

Elder abuse includes:

1. name calling, threats, humiliation, indifference, and other forms of emotional pain
2. slapping, cutting, burning, pushing, and other forms of physical pain
3. withholding food, water, medicine, eyeglasses, hearing aids, dentures, and other necessities
4. confining someone to home, locking him/her in a room, or tying him/her to a bed or chair
5. preventing visits from family and friends
6. stealing cash, credit cards, and personal belongings
7. sexual assault
8. abandonment

The chief motives for abuse in the home include:

1. anger over caretaking responsibilities
2. unreasonable demands and abusive behavior by the patient

3. retaliation for past grievances
4. greed

Factors that contribute to abuse in the home include:

1. a family history of neglect or violence
2. a history of trouble between the family caregiver(s) and the patient.
3. a caretaker's financial problems
4. alcoholism and drug use
5. emotional stress caused by illness, divorce, and/or death
6. crowded living conditions

Signs that a senior is being abused include:

1. a malnourished or unclean appearance
2. cuts, bruises, or burns
3. extended periods of depression, withdrawal, fear, anxiety, or embarrassment
4. reluctance to speak in the presence of caretakers and family
5. a drugged-out, overly sedated condition
6. sudden losses of money or valuables
7. sudden changes in living arrangements, including new live-in companions

How to Protect Yourself

Your first defense is to plan ahead for the possibility that someday you may not be able to take care of yourself:

1. Choose someone you trust and give that person the legal authority to take care of your money and personal needs. This transfer of control from yourself to the person you choose can begin immediately or

it can be delayed until you feel you can no longer handle your affairs on your own. Giving this authority to someone you trust is done by naming the person in a legal document called a “powers of attorney.”

2. Choose someone you trust and give that person the legal authority to make healthcare decisions for you in the event you become unable to make them for yourself. Giving this authority to someone you trust is done by naming the person in a legal document called a “healthcare proxy.”

Free and low-cost legal assistance in making these arrangements is available at many neighborhood senior centers and from the agencies listed in chapter 14. Chapter 14 also explains the responsibilities that can be given to someone under a powers of attorney. Chapter 15 explains the responsibilities that can be given to a healthcare proxy.

Your second defense is to maintain contact with people outside the home. Cultivate particular people or groups with whom you can share feelings and problems. Social, recreational, advocacy, religious, and volunteer organizations are all places to find helping friends. The city’s neighborhood senior centers are a good place to begin. If you are homebound, ask your local senior center for a volunteer to call or visit you on a regular basis.

Your third defense is to take advantage of the community support services described in chapter 7. Many of these services are free.

Your fourth defense is to write a will and to revise it whenever circumstances change. Free and low-cost legal assistance is available at many neighborhood senior centers and from the agencies listed in chapter 14.

Your fifth defense is to be as independent as your health allows. For example, open your own mail and do your own banking and shopping. Keep your belongings and your financial and legal papers in order—and always know where they are. If possible, have your own telephone.

The Most Frequent Crime against Seniors

Robbery is the most frequent crime committed against seniors. Pocket-picking and purse-snatching are the most common methods used.

Your sixth defense is to avoid contact as much as possible with people (including family members) who have a history of violence or drug use or with whom you have had troublesome relations in the past.

Your seventh defense is never to sign a document without thoroughly understanding what it says. Better yet, always ask someone you trust to evaluate a document before you sign it. This includes documents you feel you already understand. Never allow yourself to be pressured into signing something in a hurry.

Free Telephone Help and Information

Elder Abuse Hotline, Victim Services Agency, ☎
212/227-1227

Elderly Crime Victims Resource Center, New York City
Department for the Aging, ☎ 212/442-3103

Free Publications

Domestic Mistreatment of the Elderly (publication D 12885). Available to members of the American Association of Retired Persons, ☎ 800/424-3410

Elder Abuse Hurts. Available from the Elderly Crime Victims Resource Center, ☎ 212/442-3103

New York Elder Abuse Coalition, www.ianet.org/nyec/

Age Discrimination

Federal law prohibits age discrimination in such fields as education, job training, employment, housing, and credit.

One important exception to these rules is that housing, land, and commercial space can be reserved for persons age 55 and older.

Federal law also prohibits age discrimination in the hiring, firing, layoff, promotion, and salary of workers over 40. The most frequent problem facing older workers is discriminatory firing.

Where to Get Help

Credit discrimination: Federal Trade Commission, ☎ 212/264-1207

Employment discrimination: Equal Employment Opportunity Commission, ☎ 212/748-8500

All forms of discrimination: New York State Division of Human Rights, ☎ 212/417-5041, 212/961-8650, 718/722-2856

Free and Low-Cost Publications

Age Discrimination. Available free from the National Academy of Elder Law Attorneys, 520/881-4005

Age Discrimination on the Job (publication D 12386). Available free to members of the American Association of Retired Persons, 800/424-3410

Senior Citizens Handbook (see Chapter 7, “Age Discrimination in Employment and Housing”). Available for sale from the New York State Bar Association, 518/463-3200

Swindles

Seniors lose more money to swindlers than to any other class of criminal—as much as \$30 billion a year. Most often the criminal is a stranger who calls on the telephone. He/she says there is a prize or free vacation waiting to be claimed, or a new health aid, or a once-in-a-lifetime risk-free investment. Perhaps the senior has already lost money

Speakers on Crime and Fire Prevention

The Elderly Crime Victims Resource Center of the New York City Department for the Aging, ☎ 212/442-3103, provides speakers on safety and security to senior organizations, including senior centers.

The Senior Affairs Unit of the Brooklyn District Attorney's Office, ☎ 718/250-2241, provides speakers for senior centers in Brooklyn.

The Bureau of Community Services of the New York City Fire Department, ☎ 212/694-2350, provides speakers on home fire prevention.

to a swindler and the new caller is offering to recover it. In the U.S. thousands of independent swindlers and as many as 14,000 telemarketing companies use the phone to steal money. More than half their victims are over 50.

Most swindles have one element in common: Before anything can happen, you first must send money. This is the clearest sign that the caller is a criminal. Two precautions would eliminate most swindles: (1) Never send or give money in advance to a stranger. (2) Pay only for things you have already received.

Why Seniors Lose So Much Money

Seniors are the favorite target of swindlers primarily because they are easy to lie to, bully, and cheat. Why is this? The most common reasons include:

1. Seniors tend to be open and courteous to strangers. This gives swindlers time to ingratiate themselves and gain the victim's confidence.
2. Most seniors enjoy a friendly chat on the telephone. Again, this gives swindlers time to gain the victim's confidence.

3. Many seniors, especially widows, have cash assets that are not being managed productively. Swindlers know how to pressure their victims into spending or “investing” idle money.
4. Seniors often fear they will outlive their savings or be unable to pay for emergencies. Swindlers know how to play on this fear and convince seniors to “invest” in nonexistent moneymaking schemes.
5. It takes time to understand and evaluate new information, especially financial information, and to know what questions to ask. Swindlers know how to confuse and embarrass people, even while they seem to be helping them. This makes it easy to pressure them into buying or “investing” in something.
6. Many seniors are reluctant to report money losses. This makes it easy for swindlers to avoid discovery and move on to the next victim.

How to Protect Yourself

1. Never send or give money in advance to a stranger.
2. Pay only for things you have already received.
3. Never give credit card, bank account, Social Security, Medicare, or Medicaid numbers to a stranger.
4. Never do business by phone or the internet unless you’ve made the call yourself and know for sure with whom you’re dealing.
5. Never allow strangers to remain strangers. Find out who they are, where they’re calling from, and whom they work for. Don’t be embarrassed to check up on them. They know who you are. You have the right to know who they are.
6. Always ask for printed information about a product, service, or investment.
7. If the caller says there’s no time to waste and you have to decide right now, hang up. You’re talking to a swindler.

For information on protecting yourself from investment swindles, see chapter 13.

Where to Get Help

The following agencies can help you find out who a stranger is and if he/she has a criminal record:

Better Business Bureau, ☎ 212/533-6200

Federal Trade Commission, ☎ 212/264-1207

New York City Department of Consumer Affairs:

Bronx, Brooklyn, Manhattan, ☎ 212/487-4444

Queens, ☎ 718/286-2990

Staten Island, ☎ 718/816-2280

New York State Consumer Protection Board, ☎
518/474-3514

Where to Report a Swindle

Internet Fraud Watch, ☎ 800/876-7060, www.fraud.org/ifw

New York State Attorney General: Consumer Division,

☎ 212/416-8345, and Consumer Fraud Hotline,

☎ 800/771-7755

New York City Department for the Aging, Elderly

Crime Victim's Resource Center, ☎ 212/442-3103

New York City Police Department, Special Frauds

Squad, ☎ 212/374-6850

Free Publications

Consumer Fraud: Telemarketing (publication D 15385, Spanish D 16343) and *How to Spot a Con Artist* (publication D 394). Available to members of the American Association of Retired Persons, ☎ 800/424-3410, www.aarp.org/fraud

Scams, Stings and Con Games: How They're Played on Older New Yorkers and How to Avoid Them. Avail-

Safe Shopping

Many local precincts of the New York City Police Department provide heightened security in the shopping areas used by seniors as well as along side streets leading to those areas. In a few precincts the police also provide escorts to accompany seniors on their shopping trips. Call your local precinct and ask what days this program, called “Safe Corridors for Seniors,” operates.

able from the Elderly Crime Victims Resource Center of the New York City Department for the Aging, ☎ 212/442-3103

Assistance for Crime Victims


Seniors who are the victims of crime often need help beyond medical care and the restoration of property. For example, a senior who is suffering from physical or mental handicaps and is being abused or exploited may need long-term supervision, home care, and community support services. The senior who is robbed or burglarized may need help in replacing documents such as a driver’s license or Medicare card, help with transportation and escorts to court appearances, or help with home security improvements.

The Elderly Crime Victims Resource Center (ECVRC) of the New York City Department for the Aging contracts with neighborhood agencies throughout the city to meet the needs of senior crime victims. Services include emergency cash and shelter, access to food programs, referrals to neighborhood social services, help in obtaining victim compensation, and counseling. A second agency, Victim Services Agency, helps victims of all ages in similar ways but frequently refers senior victims to ECVRC


because of the greater range of senior-specific services that ECVRC provides.

Free Help and Information

Elderly Crime Victims Resource Center,  212/442-3103

Victim Services Agency,  212/577-7777 (TDD 212/233-3456, Spanish 718/899-4000)

Financial Compensation

The New York State Crime Victims Board,  212/417-5160, offers financial compensation to crime victims if the crime is reported to the police within one week and a written claim for compensation is made to the Board within one year.

Compensation may include:

1. medical and counseling expenses not covered by other insurance or benefit programs
2. the cost of repair or replacement of essential personal property up to \$100
3. reimbursement of lost earnings (or loss of support if someone else is dependent on the victim) up to \$400 a week to a maximum of \$20,000
4. cremation, burial, or funeral expenses for a deceased victim up to \$2,000
5. transportation expenses for necessary court appearances

Help in obtaining these benefits is available from the Elderly Crime Victims Resource Center and the Victim Services Agency (phone numbers above).

Support Groups


Citywide

Victim Services Agency,
 212/577-7777 (TDD)


212/233-3456,
Spanish 718/899-4000)
Brooklyn, Manhattan Victims for Victims,
 212/431-1200

Safety Tips

At Home

- Equip outside doors with deadbolt or dropbolt locks that have pick-resistant cylinders. Project Safe of the Victim Services Agency,  212/406-3010, will do this at low cost whether or not you have been a crime victim.
- If you lose your keys or they are stolen, replace lock cylinders immediately.
- Don't let someone into your home unless you know for sure who the person is. Burglars often pose as repairpeople, building inspectors, or government agents. Check photo IDs carefully. If in doubt, refuse entry.
- When you're away from home, ask someone you trust to take in your mail.
- If you come home and find your door open or tampered with, don't enter. The intruder may be inside. Go to a phone and call your local police precinct or 911.
- If you are awakened at night by an intruder, lie still. Call 911 as soon as you will not be overheard. The 911 computers will show the address you're calling from.
- If your phone has memory buttons for automatic dialing, use one of them for your local police precinct.
- Increase indoor lighting to help prevent accidents.


Free Publication

How to Protect Your Home (publication D 395). Available to members of the American Association of Retired Persons,  800/424-3410

On the Phone

- Be suspicious of all telemarketers, including those who say they are calling on behalf of a charity. Don't be afraid to say "I'm not interested" and hang up.
- Always ask for written information about the service, product, or charity.
- Never give personal or financial information to strangers no matter what they tell you.
- Never give credit card numbers to strangers unless you are buying something and have placed the call yourself.

On the Internet

- Follow the same precautions as for telephone use.
- Remember that information about yourself that you put on the internet can potentially be read by criminals worldwide.
- If you suspect fraud, call Internet Fraud Watch,  800/876-7060, www.fraud.org/ifw

On the Street

- Carry only the cash and credit cards you will need.
- Keep money, watches, and jewelry out of sight.
- Keep ATM slips out of sight.
- Carry photocopies of important cards. Leave the originals at home.
- Place keys, cash, credit cards, and ID cards in garment pockets—separate pockets, if possible.
- Do not attach personal identification to keys.
- Carry your wallet in a front pocket.
- If possible, do not carry a purse.
- If you carry a purse, hold it close to your body.
- When seated, place your purse, backpack, or other carryall in your lap or between your feet.

- Travel and shop with a companion whenever possible.
- Don't allow strangers to overhear you talk about money or your plans for the day.
- Walk near the curb, not close to walls and entrances.
- If you are attacked or your purse is snatched, don't resist. Your life is in danger.
- Take time to look carefully when crossing streets. Seniors are hit by vehicles more often than anyone else.

Free Recorded Message

How to Prevent Mugging and Purse Snatching (message 148). Provided by Tel-Med, 📞 212/434-3200

On Public Transportation

- Ride the center car of subway trains—the car where the conductor is.
- When waiting for trains, stand or sit near other people.
- Stand well back from the edge of the platform.
- Keep money, watches, and jewelry out of sight.
- Hold your purse close to your body.
- Carry your wallet in a front pocket.
- Move away from arguments and other noisy incidents.

In Your Car

- Have the key to your car door in your hand, ready to use, before you approach your car.
- Keep windows shut and doors locked in city traffic.
- Don't compete or argue with other drivers.
- Always ask your doctor if medications will affect your driving ability.

- Take a senior driver-training class. Remember that hearing, vision, and reaction times change with age. In addition, seniors who drive less than 5,000 miles a year are more than twice as likely to have an accident as seniors who drive more than 5,000 miles a year. For the location of class sites in New York City: New York Safety Program, ☎ 800/ 942-6874

Free and Low-Cost Publications

Concerned about an Older Driver? A Guide for Families and Friends and *Driver 55 Plus: Test Your Own Performance*. Available for sale from the AAA, ☎ 800/305-7233

Driving Tips for Older Adults. Available free from the American Optometric Association, ☎ 314/991-4100

55 ALIVE/Mature Driving Brochure and *Older Driver Skill Assessment and Resource Guide*. (publication D 14957). Both available free to members of the American Association of Retired Persons, ☎ 800/424-3410, www.aarp.org/55ALIVE

Internet Resources



The following websites provide indexes and links to internet resources on aging, including information about safety and crime prevention:

- Directory of Web and Gopher Aging Sites, www.aoa.dhhs.gov/aoa/webres/craig.htm
- Geroweb, www.iog.wayne.edu/GeroWeb.html
- Internet and E-mail Resources on Aging, www.aoa.dhhs.gov/jpost6/#top (last and final update: 1997)



*Choices in
Housing
and Long-
Term Care*

Standard Housing

Most housing in New York City is nonsupportive—that is, it is built and managed for the general population and does not provide support services such as housekeeping or personal and medical care. However, many governmental and private programs help seniors who live in nonsupportive housing to meet their changing needs and maintain independent lifestyles. Such programs provide home repairs and modifications, financial assistance for fuel and utility bills, safety inspections, tax breaks, and rent increase exemptions. (Seniors in nonsupportive housing can also take advantage of the home care and community support services described in chapter 7.)

Below-market rents are available to seniors in seniors-only rental housing and in city, state, and federal programs for the general population.

Free and Low-Cost Publications

Safety and Comfort in Your Home. Available for sale from Krames Communications, ☎ 800/333-3032

Staying at Home: A Guide to Long-Term Care and Housing (publication D 14986). Available free to members of the American Association of Retired Persons, ☎ 800/424-3410

Programs for Homeowners and Renters

Fuel and Utility Assistance from State and City Agencies

The Home Energy Assistance Program (HEAP), also called the Low-Income Home Energy Assistance Program (LIHEAP), is a federally funded state program that provides assistance in paying fuel and utility bills. Assistance is available to homeowners and renters of any age. In 1999 the monthly income limit was \$1,006 for a single person, \$1,356 for a couple. There is no limit on assets. If the homeowner or renter pays directly for heating fuel, assistance can include not only payment for fuel but also repair of heating equipment and, in the event of a heating emergency, temporary housing.

The money provided by Congress for HEAP is far less than what is needed to assist all eligible renters and homeowners, and the program often is closed to new applicants as early as mid-March of each year. For more information: Those who are age 60 or older should call HEAP at the New York City Department for the Aging, ☎ 212/442-4327. Those under age 60 should call the New York City Human Resources Administration, ☎ 718/291-1900.

People who face a heating emergency because they cannot pay for fuel and who are receiving Public Assistance (PA) should call their PA workers immediately. People who are not receiving PA should go to the nearest income support office (also called a “welfare” or “public assistance” office) and say they have a heating emergency. For the locations of neighborhood income support offices call the Human Resources Administration, ☎ 718/291-1900. Help in applying for emergency heating assistance is available at the city’s neighborhood senior centers.

Utility Assistance from Utility Companies

The major utility companies that serve New York City each have programs for seniors that provide such services as reduced rates, assistive equipment, turn-off protec-

How to Lower Your Heating Bills

- Have your furnace or boiler cleaned once a year.
- If you have a hot-air furnace, change the air filter regularly.
- Have your chimney cleaned regularly.
- Set your water heater to 120°.
- Vacuum radiators to remove heat-blocking dust and dirt.
- Caulk and seal cracks, especially around windows.
- Weatherstrip doors.
- Close window shades, blinds, and curtains to keep heat inside.

tion, notification of friends or family when bills are overdue, and referrals to governmental and private assistance programs. Help in avoiding a utility turn-off is also available at the city's neighborhood senior centers and the JASA Help Center, ☎ 212/273-5272.

Bell Atlantic

People of all ages are eligible for “Life Line,” a reduced-rate telephone service, if they are receiving one or more of the following: food stamps, home relief, home energy assistance (HEAP), Supplemental Security Income, Medicaid, a veteran's disability pension, or a veteran's surviving spouse pension. The reduced rate can be as low as \$1 per month. There are charges for each outgoing call and extra charges for optional services.

For information and Life Line applications: ☎ 800/779-6874

Con Edison

“Concern” is a free program for seniors age 62 or older. It provides a newsletter as well as advice on bill payments

and financial assistance, including the Home Energy Assistance Program (HEAP). To enroll in Concern call ☎ 800/872-8846.

Turn-off protection is available to seniors who have informed Con Edison that all members of their household are age 62 or older or are blind or disabled. Before turning off service because of overdue bills, Con Edison contacts the household and tries to arrange a payment plan. The company may also ask the city's Human Resources Administration to help the customer. If service is cut off, the company stays in touch with the household and offers a plan to restore service. To inform Con Edison that a household is eligible for turn-off protection, call the "service and billing information" number printed on your monthly bills.

Seniors can choose a "third party" (a relative, friend, or organization) to be notified if service is in danger of being turned off because of overdue bills. The third party is not responsible for paying the bills but will be asked to help resolve the payment problem. To designate a third party, call the "service and billing information" number printed on your monthly bills and ask for a "third-party application."

Deposits are not required from: (1) seniors age 62 or older unless service was turned off for nonpayment within the past six months, or (2) those receiving Public Assistance or Supplemental Security Income.

Brooklyn Union Gas (BUG)

One-time grants of up to \$200 are available to low-income customers who are behind in their bill payments. The grant (which is paid directly to BUG, not to the customer) comes from BUG's Neighborhood Heating Fund, which is administered by HeartShare Human Services.

For HeartShare information and applications: ☎ 718/330-0600

BUG's "Star Program" for seniors age 62 and older provides a variety of free services such as delayed payment

plans for seniors who are hospitalized and notification of a “third party” (a relative, friend, or organization) if service is in danger of being turned off because of overdue bills. BUG also offers reduced rates to those receiving Public Assistance or Supplemental Security Income.

For Star Program information and applications: ☎ 718/403-2171, www.keyspanenergy.com

Long Island Power Authority (LIPA)

LIPA delivers electric power to the Rockaways in Queens. Its services to customers age 62 and older include delayed payment of LIPA bills for those who are hospitalized, notification of a “third party” (a friend, relative, or organization) if a bill is overdue, and notification of customers on life-support systems if there is danger of a power outage because of an approaching storm. For information on these services: ☎ 800/490-0025, www.lipa.state.ny.us

LIPA also provides energy conservation services including discount indoor fluorescent lighting, outdoor security lighting, and rebates on energy-efficient air conditioners. For information on these services: ☎ 800/692-2626, www.lipa.state.ny.us

Replacement of Door Locks

All homeowners and renters are eligible for services provided by Project Safe of the Victim Services Agency. The Project installs new dropbolt or deadbolt locks on doors leading into a home or apartment, and it replaces the cylinders in existing locks of these types. Not included in the program is replacement of locks and cylinders that are contained within the doorknob. The cost of cylinder replacement is \$40–\$45. The cost of installing a new lock with a new cylinder is \$65–\$75. If the resident is the victim of a crime that has been reported to the police and in which the door lock has been damaged, the charge is \$10 less.

For Project Safe information: ☎ 212/406-3010

Swindles Aimed at Senior Homeowners

Beware of all strangers who come to your home uninvited. Three of the most common swindles involve utility bill payers, home inspectors, and mortgage lenders.

Swindlers who pose as bill payers say they can pay your utility bills for you if you first give them the cash. They write a receipt that looks official, and then they disappear. If you are homebound or don't have a checking account, call your utility companies and explain your situation. They will help you arrange for payment.

Swindlers who pose as home inspectors usually say they are from a city agency or a utility company. Often there is an official car parked nearby. Sometimes two "inspectors" arrive together. One talks to you while the other searches your home

Programs for Homeowners Only

Programs that help senior homeowners meet their changing needs and remain in their homes include: (1) free home safety inspections, (2) installation of crime prevention devices, (3) free and low-cost home repair services, (4) low-interest home improvement and rehabilitation loans, (5) real estate tax breaks, (6) reverse mortgages, and (7) sale leasebacks. Also available are home care and community support services, which are described in chapter 7.

Help with Home Safety

Owners of homes, condominiums, and cooperative apartments in all boroughs who are age 60 or older can obtain

for cash and valuables. Never admit an “inspector” unless an appointment has been made with you in advance. Unless there’s an emergency, you don’t have to admit anyone into your home. If you think there’s a problem, keep the door closed and call your local police precinct immediately.

Beware of strangers who offer you an attractive sounding mortgage to pay for home repairs or to save your home from foreclosure on an existing mortgage. The papers you sign could take your home from you. If your home needs repairs, check out the free and low-cost programs described in this chapter. If you need cash for mortgage payments, taxes, or other purposes, go to your local senior center and ask about emergency loans and reverse mortgages. If the senior center staff does not know how to solve your specific problem, they will know where to send you for help.

a free visit by a home safety inspector to identify indoor and outdoor hazards that might result in accidents, fires, or burglaries. The inspectors will recommend solutions to any problems they find.

For information: Home Safety Audit Program, New York Foundation for Senior Citizens, ☎ 212/962-7559 or 962-7653

Free Telephone Advice

Lowe’s Home Safety Council, ☎ 800/723-3466

Free and Low-Cost Publications

Home Safety Checklist for Older Consumers. Available free from the U.S. Consumer Product Safety Commission, ☎ 800/638-2772 (press 1, then 300), www.cpsc.gov

How to Conduct a Security Survey (publication D 396).

Available free to members of the American Association of Retired Persons, ☎ 800/424-3410

Safety and Comfort in Your Home. Available for sale from Krames Communications, ☎ 800/333-3032

Installation of Crime Prevention Devices

Installation of devices such as peepholes, window locks, shatterproof windows, and low-cost fluorescent lighting is available free of charge to owners of homes, condominiums, and cooperative apartments who are age 60 or older and live in the home. In 1999 the annual income limit was \$28,100 for a single person, \$32,150 for a couple. The homeowner may be asked to pay for materials.

For information: Home Repair Program, New York Foundation for Senior Citizens, ☎ 212/962-7559 or 962-7653

Lower-income residents of Queens who are age 60 or older can obtain free home security surveys from Project Necessity. Also available are new locks and cylinders, window gates, smoke detectors, peepholes, door alarms, and 911 hand alarms.

For information: Project Necessity, Queens Jewish Community Council, ☎ 718/544-9033

Free and Low-Cost Home Repairs

Workers to do minor home repairs are available free of charge to seniors in all boroughs who own homes, condominiums, and cooperative apartments. Seniors are eligible for these services if they are age 60 or older and live in the home. In 1999 the annual income limit was \$28,100 for a single person, \$32,150 for a couple.

The services offered include minor plumbing repairs (including clogged drains and leaking radiators, faucets, and toilets), gutter cleaning, masonry (including broken sidewalks, steps, and porches), electrical repairs (includ-

ing outlets, switches, and lamps), carpentry, caulking of tubs and tiles, weatherstripping, installation of safety and crime prevention devices, and emergency services. The homeowner may be asked to pay for materials.

For information and applications:

Citywide	Home Repair Program, New York Foundation for Senior Citizens, ☎ 212/962- 7559 or 962-7653
Bronx	Citizen's Advice Bureau, ☎ 718/731-3114
Greenwich Village	Caring Community (homebound only), ☎ 212/255-0637
Staten Island	Community Agency for Senior Citizens, ☎ 718/981-6226 Richmond Senior Services, ☎ 718/816-7620

Free Home Heating Repairs

New York State's Weatherization Referral and Packaging Program (WRAP) provides free testing, cleaning, and repairs to home heating systems as well as air-sealing, insulation, and health and safety inspections. WRAP can also put homeowners in touch with emergency repair services and home improvement programs.

Homeowners are eligible for WRAP if they (1) are age 60 or older or are receiving Social Security disability benefits, Supplemental Security Income, HEAP, or home relief; and (2) live in a one- to four-unit building. In 1999 the monthly income limit was \$1,006 for a single person, \$1,356 for a couple.

To apply for WRAP call the New York City Department for the Aging, ☎ 212/442-3055, or the agency that provides WRAP services in your borough:

Bronx	RAIN Multi-Services for Seniors, ☎ 718/892-5520
Brooklyn	New Perspective Development Corp., ☎ 718/272-4373 Ridgewood Bushwick Senior Citizens Council, ☎ 718/366-3800
Manhattan	New York City Department for the Aging, ☎ 212/442-3055
Queens	Institute for Puerto Rican/ Hispanic Elderly, ☎ 212/677-4181
Staten Island	Northfield Community Local Development Corp., ☎ 718/442-7351

Home Improvement and Rehabilitation Programs

Several programs financed by city, federal, and private funds provide help for homeowners who wish to repair, modify, or rehabilitate their homes. These include the Home Improvement Program, the Small Homes Private Loan Program, Title I Home Improvement Loans, the Senior Citizen Homeowner Assistance Program, and the Veterans Administration's Home Improvements and Structural Alterations Program.

The Home Improvement Program (HIP)

HIP is a city program that offers loans at 2.5 and 5 percent interest (depending on household income) to owner-occupants of one- to four-family homes. The loans can be used for masonry, roofing, plumbing, heating, electrical, and other major improvements. The loan amount can be up to \$20,000 and can be repaid over a period of up to 10 years. The loans, which are subsidized by the New York City Department of Housing Preservation and Development (HPD), are available from partic-

icipating banks, including Carver Federal Savings, Chase Manhattan, Citibank, and Staten Island Savings.

Part of the loan money is a free subsidy from HIP. Borrowers do not have to repay this portion of the loan unless, within three years of receiving the loan, they (1) sell the home, (2) refinance for an amount greater than existing mortgages and closing costs, (3) prepay the loan, or (4) fail to provide documentation for the cost of the construction work.

To apply for an HIP loan: (1) obtain an application form from HPD; (2) hire a contractor who is licensed by the New York City Department of Consumer Affairs (or do the work yourself); (3) obtain cost estimates for materials and hired labor; and (4) submit a completed application to a participating bank. The bank will review your financial situation to see if you meet its loan standards and to determine which interest rate you qualify for.

For HIP information and applications: ☎ 212/386-5626

To find out if a home improvement contractor is licensed: New York City Department of Consumer Affairs, ☎ 212/487-4444

The Small Homes Private Loan Program (SHPLP)

SHPLP is a city program administered by the Department of Housing Preservation and Development (HPD). It offers low-interest loans and tax exemptions for moderate-to-major rehabilitation to owners of 1- to 11-unit buildings who cannot obtain financing from lending institutions. Borrowers must provide 10 percent of the total rehabilitation cost.

Money for SHPLP loans comes from New York City capital funds and other public and private funds. The loan amount available from New York City capital funds is up to \$43,000 per unit for up to 30 years at an annual interest rate of 1 percent. The money, loan terms, and interest rate available from noncity loan funds varies.

Rehab projects must comply with HPD design guidelines. For major renovations, architectural plans may be

required. When approved by HPD, the rehab layouts must be developed into working drawings for further approval by HPD and the New York City Department of Buildings. Contractors must also be approved by HPD. (A list of preapproved contractors is available from HPD; other contractors must complete an HPD questionnaire.)

All residential rehabs carried out with SHPLP loans are eligible for two tax breaks: (1) a 14- or 34-year tax exemption on any increased valuation of the home that results from the rehabilitation, and (2) a reduction of real estate taxes for up to 20 years. Owners of buildings containing three or more units are required to apply for these benefits.

For SHPLP information and applications: HPD, ☎ 212/386-5626

Title I Home Improvement Loans

Title I is a federal home improvement program administered by the U.S. Department of Housing and Urban Development (HUD). It provides insurance for lenders to protect them against default on their loans for materials and labor. The loans are made by banks and other private lenders (not by contractors), who are permitted to negotiate their own interest rates with each borrower. The maximum loan amount under the Title I insurance program is \$25,000 for a single-family property and \$60,000 for a multifamily property. Applications for loans insured under Title I are available at lending institutions.

For information about HUD programs: ☎ 888/ 466-3487

HUD's Albany office provides information for New Yorkers at www.HUD.gov/local/aly/Alyhome.html

The Senior Citizen Homeowner Assistance Program

The Parodneck Foundation offers a few loans and grants each year to low-income seniors who face bankruptcy, tax foreclosure, or displacement from their homes because they cannot afford repairs.

For information: ☎ 212/431-9700




The Home Improvements and Structural Alterations Program of the Department of Veterans Affairs (VA)



This program pays for home improvements needed for disability access. Up to \$4,100 is available to veterans being treated for service-connected disabilities or to veterans with a disability rating of 50 percent or more. Up to \$1,200 may be paid to other veterans. Application should be made at a VA medical center.

Home Improvement Contractors

All individuals and businesses engaged in home improvement or remodeling in the city are required by law to obtain a license from the New York City Department of Consumer Affairs (CA). There are some 4,000 licensed home improvement contractors in the city. To obtain a license, applicants must pass a written exam, pay a license fee, and guarantee monetary reimbursement to clients who suffer losses for which the contractor is responsible. Reimbursement is guaranteed by having the contractor either post a performance bond or pay into a trust fund.

Having a license does not guarantee that a contractor is honest or does satisfactory work. However, it does guarantee that the consumer will have a legal means to resolve complaints and collect damages. To find out if a contractor is licensed and if he/she has a complaint history, call CA:

Citywide	 212/487-4444
Queens	 718/286-2990
Staten Island	 718/816-2280 or 816-2281

The city's Department of Buildings licenses plumbers ( 212/312-8217) and electricians ( 212/669-8353).

Many contractors belong to professional organizations that require members to adhere to work and ethics standards. For referrals to such contractors:

Protect Yourself from Home Improvement Fraud

Consumers file more complaints against home improvement contractors than they do against any other type of business. To protect yourself from fraud:

- Be suspicious: The better a deal sounds, the more likely it is to be a swindle.
- Never hire strangers who come to your door uninvited. Often they say they can give you a good deal on material left over from a job elsewhere in the neighborhood. Honest repairpersons don't do this.
- Be certain that a contractor is licensed by the New York City Department of Consumer Affairs, ☎ 212/487-4444.
- Ask potential contractors for the names, addresses, and phone numbers of former customers. Ask former customers if they were satisfied with the work and if they had any problems with the contractor. If possible, see for yourself what was done.
- Always get a written contract. Make sure it includes specific details about the materials and brand-name products to be used, the payment terms, the procedures to be followed if changes are made in the work plan, and what the clean-up work will include.
- Never make the final payment until everything is completed to your satisfaction, including the clean-up work.
- For large jobs, consider hiring an attorney who specializes in contract law.

The National Association of the Remodeling Industry,
New York City/Long Island Chapter, ☎ 516/673-
6274

The National Roofing Contractors Association, ☎
800/USA-ROOF

The Staten Island Home Improvement Contractors
Association, ☎ 718/356-2323

Free and Low-Cost Home Improvement Publications

AARP's Universal Design House Information Packet (publication D 16691); *The Doable Renewable Home: Making Your Home Fit Your Needs* (publication D 12470); *Don't Move! Improve!* (publication D 16237); and *How Well Does Your Home Meet Your Needs?* (publication D 16270). All available free to members of the American Association of Retired Persons, ☎ 800/424-3410

The Accessible Home Page, www.usc.edu/go/hmap

A Consumer's Guide to Home Adaptation and Growing Older in Your Home: Modifications for Your Changing Needs (kitchen, #5072; bedroom, #5073; and bathroom, #5074). All available for sale from the products department of the American Occupational Therapy Association, ☎ 800/729-2682

A Consumer's Guide to Home Improvements (includes advice on choosing a contractor, negotiating a contract, and supervising the work). Available free from the New York City Department of Consumer Affairs, ☎ 212/487-4444

Ideas for Making Your Home Accessible and *An Accessible Home of Your Own*. Both available for sale from Accent Books and Products, ☎ 800/787-844

Real Estate Tax Breaks

The Senior Citizen Homeowners Exemption Program offers partial exemptions on the assessed value of homes and

cooperative apartments. (A lower assessed value automatically results in lower property taxes.) To qualify, a homeowner must (1) be age 65 or older, (2) be the owner-occupant of a one- to three-unit property that is used exclusively as a residence, and (3) have owned the property for at least 12 consecutive months. In 1999 the annual household income limit was \$27,900. Exemptions in assessed property value are 5 to 50 percent, depending on income.

A second exemption program, called School Tax Relief (STAR), is available to all owners of homes, cooperative apartments, and condominiums. The largest tax reductions under this program go to homeowners age 65 or older with annual household incomes of \$60,000 or less (as reported under Adjusted Gross Income on the federal income tax form). Seniors with household incomes above \$60,000 are eligible for smaller tax reductions. In the case of couples, only one spouse has to be 65.

To receive the first of these exemptions you must apply in person between January 15 and March 15 at the Real Property Assessment Bureau in the borough where the building is located. In 1999 the deadline for applying for the STAR exemption was originally set for March 1, then extended to March 7. You must supply proof of income, birth date, and ownership.

For filing deadlines, other information, and application forms, call the Real Property Assessment Bureau in your borough:

Bronx	1932 Arthur Avenue, Room 701,  718/579-6879
Brooklyn	210 Joralemon Street, Room 200,  718/802-3550
Manhattan	1 Centre Street, Room 910,  212/669-4894
Queens	90-25 Sutphin Boulevard, Room 304,  718/658-4626
Staten Island	350 St. Mark's Place, Room 203,  718/390-5295

Information on STAR is also available from the New York State Office of Real Property Services, ☎ 888/697-8275, and the New York State Home Page, www.state.ny.us

A third tax break, worth up to \$375, is a partial refund of the yearly real estate taxes that homeowners pay. In 1999 it was available to homeowners whose gross household income was \$18,000 or less and whose property was valued at \$85,000 or less. Application for this refund should be made each year on form IT-214 of the New York State resident income tax return. If a homeowner does not need to file an income tax return, he/she can file for the refund by using form IT-214 only.

For state tax forms: ☎ 800/462-8100

Seriously disabled veterans or their surviving and unremarried spouses qualify for a full exemption from real estate taxes. For surviving and unremarried spouses, this exemption applies either to property formerly owned by the veteran or to new housing purchased by the spouse. For information contact the Real Property Assessment Bureaus listed above.

Reverse Mortgages

Reverse mortgages enable homeowners to convert a large part of their home's value into spendable cash without having to repay the loan for as long as they occupy the home. The most common reverse mortgages are the "Home Equity Conversion mortgage" (HECM), which is insured by the Federal Housing Administration, and the "Home Keeper mortgage," which is guaranteed by Fannie Mae. Both have these features in common:

1. You must be age 62 or older.
2. You must occupy the home as your principal residence.
3. You must own the home free and clear or have only a low mortgage balance.

4. The older you are, the more money you can borrow.
5. Your loan money can be paid to you in a lump sum, as a line of credit to be used as needed, in monthly installments, or in a combination of these choices.
6. Loan payments to you are guaranteed.
7. You can change payment plans at any time for a small fee.
8. You (and joint owners) can occupy the home for life, even if the loan has been fully paid out.
9. No repayment is due until you (and any joint owners) die, fail to occupy the home for 12 consecutive months, or sell or deed the property to someone else.
10. The lender can claim only the home to repay the loan even if the money owed exceeds the value of the home.
11. Prospective borrowers must attend a free advice-and-information session conducted by an independent housing counselor. The counselor will explain the personal, legal, and financial implications of a reverse mortgage, along with other income and assistance programs that are available to the homeowner.

Home Equity Conversion Mortgages (HECMs)

HECMs are insured by the Federal Housing Administration. The home can be a condominium or a one- to four-unit building worth any amount. However, in 1999 in New York City the maximum worth that could be used to calculate the HECM was \$208,800. For a multiple-unit dwelling, the loan amount is based on a pro-rated value for the single unit in which the borrower lives.

If monthly payments are chosen, they can be for a set number of years or for as long as the borrower occupies the home.

The following estimates give a rough idea of what an HECM would provide if only one payment option is chosen (and not combined with another option). These estimates are for a borrower (or coborrowers) age 70, a home valued at \$100,000, and an interest rate of 7.85 percent: an immediate lump-sum payment of \$47,700, monthly payments for 10 years of \$463, or monthly payments of \$285 for as long as the borrower occupies the home.

Home Keeper Mortgages

Home Keeper mortgages are guaranteed by Fannie Mae, a corporation that buys and sells mortgages issued by its participating mortgage lenders. The home can be a condominium or one- to two-unit building worth any amount. However, in 1999 in New York City the maximum allowed in calculating the loan amount (called the “adjusted property value”) was \$240,000. For a two-unit building, the loan amount is based on a pro-rated value for the single unit in which the borrower lives.

If monthly payments are chosen, they continue for as long as the borrower occupies the home.

The following estimates give a rough idea of what a Home Keeper mortgage would provide as an immediate lump-sum payment or as monthly payments for life: A single borrower age 70, with a home valued at \$200,000, an interest rate of 9 percent, and a 10 percent share for the lender of any increase in the value of the home would receive either an immediate lump-sum payment of \$74,000 or monthly payments of \$672. (If the 10-percent share is not included in the mortgage contract, payment figures are much lower.) Two coborrowers age 70 would receive either an immediate lump-sum payment of \$48,500 or monthly payments of \$503.

Reverse Mortgages to Purchase a Home. In addition to its Home Keeper mortgages, Fannie Mae guarantees reverse mortgages issued for the purpose of buying a single-family home or condominium. Fannie Mae calls these mortgages “Home Keeper for Home Purchase.”

The borrower makes a down payment of one-third to two-thirds of the purchase price (the older you are, the lower the down payment), and the reverse mortgage covers the rest of the purchase price. There are no cash payments to the borrower. Repayment is similar to a regular reverse mortgage.

For information and the names of Fannie Mae lenders in New York State: ☎ 800/732-6643, www.fanniemae.com

Other Reverse Mortgages

Many lenders offer reverse mortgages at home values above the HECM and Home Keeper limits. These include “reverse annuity mortgages,” which use some or all of the loan to purchase an annuity that makes monthly payments for life even if the borrower no longer occupies the home. For information about these mortgages, consult a mortgage counselor (see “Shopping for a Reverse Mortgage” below).

Tax and Benefit Considerations

Money received as a loan is not taxed. This includes lump-sum or monthly payments under a reverse mortgage.

Interest on a reverse mortgage is tax deductible, but only at the time the interest is paid (at the end of the loan period).

Money received from a reverse mortgage does not affect Social Security and Medicare benefits.

All income and all cash on hand, including all income and all unspent cash from a reverse mortgage, is counted each month to determine food stamp, Supplemental Security Income, and Medicaid eligibility. Other income- and asset-based benefits also may be affected.

Shopping for a Reverse Mortgage

HECMs are the same no matter who the lender is. This is also true of Home Keeper mortgages. However, these two mortgage products can differ greatly in what they

offer to a specific borrower. Be sure that you get information for both.

Take time to evaluate each mortgage contract and its implications for your future. Although counseling is required before a reverse mortgage is closed, the specific contract you are considering should be evaluated by a second counselor, by friends, by family members, and, if possible, by a lawyer or accountant who has experience with reverse mortgages.

To find a mortgage counselor near you: Housing Counseling Clearinghouse, ☎ 888/466-3487

The National Center for Home Equity Conversion (NCHEC), a nonprofit organization devoted to consumer education, provides referrals to its “preferred” mortgage lenders. Each has agreed to uphold NCHEC’s Code of Conduct and to give all prospective borrowers a free “Personal Reverse Mortgage Analysis” that compares loan options. In 1999 NCHEC’s preferred New York State lenders included:

ACE Mortgages, ☎ 800/881-2954

Amerifirst Mortgage, ☎ 800/473-6467

Amston Mortgage, ☎ 800/625-8633

BNY Mortgage, ☎ 800/269-6797

GMAC Mortgage, ☎ 888/737-4622

Hartford Funding, ☎ 888/241-5100

Norwest Mortgage, ☎ 800/336-7359

Unity Mortgage, ☎ 800/207-4096

For information about NCHEC: ☎ 612/953-4474,
www.reverse.org/

Free and Low-Cost Publications

Basic Facts about Reverse Mortgages; Home Equity Conversion and Reverse Mortgages; Home-Made Money: Consumer’s Guide to Home Equity Conversion; Home Equity Conversion Kit; and Reverse Mortgage Lenders

List. All available to everyone from the AARP Home Equity Information Center, ☎ 202/434-6042, www.aarp.org/hecc

Money from Home: A Consumer's Guide to Home Equity Conversion Mortgages. Available free from mortgage lenders and from Fannie Mae, ☎ 800/732-6643, www.fanniemae.com

Reverse Mortgage Loans for Senior Citizens. Available free from the Office of Consumer Services, New York State Banking Department, ☎ 212/618-6685

Reverse Mortgages for Beginners. Available for sale from the National Center for Home Equity Conversion, ☎ 800/247-6553 (available free at www.reverse.org)

Saving the Home and Defending against Fraud and Scams. Available for sale from the Black Elderly Legal Assistance Support Project, ☎ 202/842-3900

Reverse Mortgage Swindles

Strangers often contact homeowners by phone or mail, offering to provide information on reverse mortgages and to help homeowners obtain them. The information is usually wrong, and there is always a fee, which may be above the legal limit of \$50.

For free and correct information, go to a mortgage lender or call the U.S. Department of Housing and Urban Development (HUD), ☎ 888/466-3487.

If someone asks for more than \$50 to give you advice or to help you obtain a loan, the person is a swindler. Report him/her to HUD, ☎ 888/466-3487.

Sale Leasebacks

A sale leaseback is a private, unregulated contract between a homeowner and a home buyer. In most cases the buyer makes a cash down payment and pays the remainder in monthly installments. The seller then rents the home from the new owner, often for less than the monthly pay-

ments the buyer is making. The seller is no longer responsible for property taxes, insurance, and maintenance costs. However, the seller is now dependent on the new owner for maintenance and for keeping up with the agreed upon monthly payments.

Finding a buyer for a sale leaseback usually is difficult. In addition, contracts are complex. For these reasons expert help is needed from a real estate agent, lawyer, and/or accountant who has experience with leasebacks.

Programs for Renters Only

Programs that help senior renters meet their changing needs and remain in their homes and apartments include rent increase exemptions, enforcement of landlord obligations to make repairs and maintain buildings, and a tax break. Also available are home care and community support services, which are described in chapter 7.

Senior Citizen Rent Increase Exemption (SCRIE)

SCRIE is a New York State and City program that protects eligible seniors from rent increases, including those resulting from lease renewals, maximum base rent increases, fuel and labor cost adjustments, and major capital improvements. Landlords are fully compensated through tax abatements. In 1997 some 55,000 seniors

Emergency Housing

Social service agencies throughout the city provide access to emergency housing for seniors. Call or visit your neighborhood senior center for help, or call the JASA Help Center, ☎ 212/273-5272, or Emergency Senior Services of the Red Cross, ☎ 212/875-2063.

Pets

Federal housing regulations allow seniors in most apartment buildings to own pets. If a landlord objects to a pet, the senior tenant may have to obtain written confirmation from a physician or social worker that the pet is needed for physical, emotional, or mental health.

For information and to register a complaint against a landlord: Office of Fair Housing and Equal Opportunity, U.S. Department of Housing and Urban Development, ☎ 212/264-1290, ext. 3519

were enrolled in this program, saving themselves over \$63 million in rent increases.

SCRIE is available to tenants age 62 or older who (1) live in a rent controlled, rent stabilized, or Mitchell-Lama apartment; a 213 co-op; or a hotel; (2) have a total annual household income (1999 figure) of \$20,000 or less (after deductions for income and FICA taxes, union dues, and court-ordered support payments); and (3) pay one-third or more of this remaining income for rent. There is no limit on a tenant's savings or other assets. If, at the time of application for SCRIE, a senior's rent is already more than one-third of income, the rent will not be reduced but no further increases will occur (as long as the senior remains eligible).

For information and application forms, seniors in rent controlled and rent stabilized apartments should call the New York City Department for the Aging, ☎ 212/442-1000. Seniors in Mitchell-Lama buildings should call the New York City Department of Housing, Preservation and Development, ☎ 212/386-8494.

Enforcement of Landlord Obligations

Several city and state agencies investigate tenant complaints and enforce landlord obligations to provide essen-

tial services, make repairs, and maintain buildings. Some of the problems listed below are handled by more than one agency. When this is the case, all relevant agencies should be contacted.

New York City Fire Department,

 **718/694-2541**

electrical wiring:

- lights that flicker frequently
- fuses that blow frequently
- sparks in or around wall outlets
- sparks in or around ceiling and wall fixtures

water leaks:

- active leaks that touch electrical wiring and fixtures

hallways:

- obstructions of any kind

fire escapes:

- rust, corrosion, or flaking paint
- broken or missing steps
- obstructions of any kind

emergency exits:

- exit lights not working
- exit doors that do not open easily
- obstructions of any kind

gas or oil smells

New York City Department of Sanitation,

 **212/334-8590 or 219-8090**

streetfront areas:

- trash, dog droppings, loose paper, garbage, or other refuse on the sidewalk or in the gutter
- newspapers, rags, and other rubbish put out for collection and not securely tied
- garbage receptacles that leak or do not have tightly fitting lids
- plastic trash bags that are not securely tied

snow and ice that is not removed within four hours after snow has stopped falling or by 11 A.M. if snow continued to fall after 9 P.M. the previous night

backyards and courtyards:

trash, debris, garbage, discarded belongings

New York City Department of Environmental Protection, ☎ 718/699-9811

air:

excessive dirt, dust, or smoke from a chimney

water:

discolored or bad-tasting water

leaking faucets

noise:

excessive noise from air conditioners, ventilation equipment, or other building machinery

New York City Department of Buildings:

Bronx ☎ 718/579-6906

Brooklyn ☎ 718/802-3681

Manhattan ☎ 212/312-8529

Queens ☎ 718/520-3402

Staten Island ☎ 718/816-2211

major structural problems such as deep cracks in walls or floors

major construction or renovation that is being done without a work permit







scaffolding that appears to be dangerous or has been erected without a permit

elevators that appear to be dangerous

boilers that appear to be dangerous

use of a residential building for commercial businesses (ground-floor stores and offices are permitted)

New York State Division of Housing and Community Renewal (DHCR)

Citywide	 718/739-6400
Bronx	 718/563-5678
Brooklyn	 718/722-4778
Manhattan (upper)	 212/961-5679 or 961-5678
Manhattan (lower)	 212/240-6008 or 240-6009
Staten Island	 718/816-0278

DHCR serves only those renters who are rent controlled or rent stabilized.

For problems within an apartment ask DHCR for form RA-81, “Application for a Rent Reduction Based upon Decreased Services—Individual Apartment.”

door and door bell:

- apartment door or door frame broken
- apartment door lock broken or missing
- doorbell not working

floors, walls, and ceilings:

- warped or broken floors
- cracked or falling paint or plaster
- cracked or missing tiles

windows:

- missing or broken glass
- broken or rotted frames
- windows that do not open or close easily

plumbing:

- inadequate water pressure
- leaking water, radiator, or steam pipes
- leaking or broken faucets
- clogged or broken drains and toilets
- water leaking from an overhead apartment

electrical wiring:

lights that flicker frequently

fuses that blow frequently

wiring that is exposed or damaged

wall or ceiling fixtures that are broken or missing

For problems that affect the entire building ask DHCR for form RA-84, "Application for a Rent Reduction Based upon Decreased Building-Wide Services."

no superintendent

infestations of mice, rats, and/or cockroaches

streetfront and other outdoor areas:

cracked or broken sidewalks

loose trash, uncovered garbage, and unsanitary garbage disposal

entrance to the building:

door missing or broken

door lock broken or missing

mailboxes:

mailboxes broken or missing

mailbox locks broken or missing

hallways and stairways:

cracked or falling paint or plaster

broken or missing steps

window glass broken or missing

floors dirty

lighting inadequate or missing

fire escapes:

rust, corrosion, or flaking paint

loose or missing steps

roof and gutters:

leaks

doors to the roof broken or missing

clogged or broken gutters

mechanical equipment:

elevators not working properly

boiler not working properly

DHCR also investigates harassment by landlords, including verbal or physical abuse, unjustified court proceedings, and the withholding of essential services.

New tenants in rent stabilized apartments must be given a one- or two-year lease (tenant's choice) plus a Rent Stabilization Rider, which explains the stabilization law and how the current rent was calculated.

Landlords are required to offer lease renewals to all tenants and to give tenants the lease renewal form at least 120 days before expiration of the existing lease. The tenant has 60 days to sign and return the renewal form to the landlord. The landlord has 30 days to sign and return the lease to the tenant. If any landlord deadlines are not met, call DHCR.

Seniors who move into rent-regulated housing may be charged no more than one month's rent for a security deposit.

New York City Department of Housing Preservation and Development (HPD), ☎ 212/960-4800

All of the problems listed above under other regulatory agencies can and should be reported as well to HPD.

heat and hot water:

From October 1 through May 31, HPD's top priority is enforcing heat and hot water regulations. During this period, from 6 A.M. to 10 P.M., the inside temperature must be at least 68° if the outside temperature is below 55°. At night the inside temperature must be at least 55° if the outside temperature is below 40°.

Where to Get Help

Advice on solving landlord-tenant problems and referrals to agencies that deal with these problems are available free of charge at the city's neighborhood senior centers. If legal assistance is needed, it may be available free of

charge at some senior centers and from the agencies listed in chapter 14.

The Senior Action Line of the Public Advocate's Office, ☎ 212/669-7670, will discuss with you and investigate complaints about city services such as trash collection and enforcement of regulations.

When seeking assistance always have precise information about the problem(s)—for example, copies of rental and other agreements, payment records and canceled checks, dates and times when problems occurred, copies of correspondence between you and the landlord, and the dates, times, and content of phone conversations between you and the landlord.

Fact Sheets for Tenants

The Community Training and Resource Center (CTRC) offers free and low-cost “Tenant’s Rights Fact Sheets” covering most tenant concerns. Some fact sheets are available in Spanish, French, Russian, and Chinese in addition to English.

For a list of CTRC publications: ☎ 212/964-7200

Tax Break

If the gross income of a household is \$18,000 or less and the average monthly rent is \$450 or less (not counting charges for heat, utilities, furnishings, or meals), the tenant may be entitled to a tax credit or refund from New York State of up to \$375. This is a partial refund of the real estate taxes included in the monthly rent. Application for this refund should be made each year on form IT-214 of the New York State resident income tax return. If a senior renter does not need to file an income tax return, he/she can file for the refund by using form IT-214 only.

For state tax forms: ☎ 800/462-8100

Seniors-Only Rental Housing

Those who are able to live independently and care for themselves have two choices in standard rental housing

that is reserved for seniors: (1) shared housing in which residents have private bedrooms and shared living areas, and (2) “independent” housing, which consists of conventional, self-contained apartments.



Shared Housing

In New York City there are two types of shared living for seniors who are able to live independently and who are single (couples are sometimes accepted): (1) the “match-up” program, which matches a “home-provider” age 60 or older with a “home-seeker,” and (2) “shared living residences,” which bring together compatible seniors in buildings built or adapted for shared living. The coordinators for these programs interview applicants, recommend matches, help arrange rental agreements, and provide follow-up counseling.

There are no income restrictions for these programs, and rental agreements can be flexible. For example, a senior home-provider might ask to be matched with a tenant who will provide housekeeping and other services as part of the rental agreement.

Shared housing is especially suited to people who enjoy daily companionship. It can be permanent or it can be temporary while the home-seeker is waiting for other housing to become available. For home-providers who are having difficulty paying their expenses, shared living often can provide the income they need to remain where they are. It also can provide added safety and security.

For information and applications:

Citywide	Home Sharing Program, New York Foundation for Senior Citizens,  212/962-7559
Staten Island	Project Share, Richmond Senior Services,  718/816-1811

Free Publications

A Consumer's Guide to Homesharing (publication D 12774). Available to members of the American Association of Retired Persons, ☎ 800/424-3410

Project Share, ☎ 718/816-1811, is the New York regional coordinator for the National Shared Housing Resource Center, which publishes newsletters and consumer and management guides.

Apartments for Independent Living

Most buildings in New York City that have been built, adapted, or reserved for seniors benefit from one or more of the following subsidies: (1) the construction or rehabilitation may have benefited from low-cost mortgages or loans that need not be repaid as long as the building is used for senior housing; (2) the building may benefit from tax exemptions or abatements; and/or (3) the building may be publicly owned by the city or privately owned by a not-for-profit agency. All such buildings offer housing at below-market rents. In addition, tenants may qualify for individual rent subsidies in the form of vouchers or public and charitable assistance.

Because senior housing is subsidized, tenant incomes usually must fall within certain limits. The limits may be program-wide, as with vouchers or public housing, or only building-wide, as with individual Mitchell-Lama buildings.

Free Lists of Senior Apartment Buildings

Alternatives in Senior Housing: A Comprehensive Guide for New York City. Available from the New York City Department for the Aging, ☎ 212/442-1384

Apartments for Those with Incomes up to \$18,700–\$21,350

The federal housing program called “Section 202” provides apartments for people age 62 and older who have

annual incomes (1999 figures) of \$18,700 or less for a single person, \$21,350 or less for a couple. (Income limits of \$28,000–\$32,000 apply in some Section 202 buildings.) Rents are subsidized by the federal government so that no tenant pays more than 30 percent of income for rent.

There are 124 Section 202 buildings in the city containing 12,573 apartments. All buildings are operated by not-for-profit agencies. Waiting lists are 2–10 years.

Some Section 202 buildings incorporate senior support services. A list of these buildings is being prepared by the New York City Department for the Aging and should be available in 1999 at ☎ 212/442-1000.

Apartments for Those with Incomes up to \$28,100–\$32,150

The New York City Housing Authority (NYCHA) and a federally subsidized housing program called “Section 8” each provide apartments for those age 62 and older with annual incomes (1999 figures) of \$28,100 or less for a single person, \$32,150 or less for a couple. (In addition, some Section 202 buildings constructed after 1991 offer apartments to seniors in these income ranges.)

The NYCHA buildings provide housing for some 70,000 seniors throughout the five boroughs. Forty-two buildings are for seniors only. Many have on-site senior centers. About half have a resident advisor who can help with emergencies and provide referrals to social service agencies. Vacancies occur frequently. Top priority is given to the disabled, the homeless, those facing eviction, those with health conditions whose present housing is a danger to them, and those living in conditions of extreme overcrowding.

For information and applications for NYCHA buildings call NYCHA’s borough offices:

Bronx	☎ 718/579-4100
Brooklyn	☎ 718/250-5900

Manhattan		212/306-3110
Queens		718/286-7500
Staten Island		718/448-7326

There are 15 Section 8 buildings in the city containing some 3,000 apartments. Rents are subsidized by the federal government so that no tenant pays more than 30 percent of income for rent. Waiting periods vary from 6–12 months for a studio apartment to 2–3 years for larger apartments. The most popular buildings may have waiting periods as long as 10 years.

Lists by borough of Section 8 buildings are included in *Alternatives in Senior Housing* (see “Free Lists of Senior Housing” above).

Mitchell-Lama Buildings

The Mitchell-Lama building program is named after two New York State legislators. It is designed for middle-income residents. Some buildings are rental; others are cooperative. Twenty-five Mitchell-Lama buildings containing 6,140 apartments are reserved primarily for seniors. Because the buildings benefit from state and city subsidies and tax breaks, the rents, sales charges, and maintenance charges are somewhat below market rates.

Each Mitchell-Lama building has its own waiting list, rent or cost schedule, and income criteria. Buildings that are reserved primarily for seniors generally require that a tenant be age 62 or older. Waiting times vary from a few months to 10 years. Some buildings have no minimum annual income requirement; others set minimum levels at \$9,000–\$20,000. Some buildings have no maximum limit; others set maximum levels at \$20,000–\$40,000 or more. Some of the senior buildings provide support services such as group meals, recreational activities, emergency response systems, social service advisors, and emergency nursing.

Lists by borough of Mitchell-Lama buildings are included in *Alternatives in Senior Housing* (see “Free Lists of Senior Housing” above).

Get on the Waiting List Now!

Because of the scarcity of senior housing, most buildings have a waiting period of 2–10 years. Put your name on waiting lists as soon as you qualify and for as many buildings as possible. Also, keep informed about new “80–20” buildings and put your name in the lottery from which the low-rent tenants in these buildings will be chosen.

Single Room Occupancy (SRO) Buildings

SRO housing is limited to single persons and consists of one-room units, often with a shared bath and/or kitchen. Among the SRO buildings in the city, 19 are occupied primarily by seniors. These are located in Brooklyn, Manhattan, and Staten Island and house some 1,600 tenants, most of whom have been sent to the buildings by a social service agency or emergency shelter. In most cases SRO buildings do not benefit from subsidies. However, most of the tenants receive rental assistance in the form of Section 8 vouchers (see below) or from Public Assistance and other sources. Many SROs provide support services for seniors with special needs.

Other Below-Market Apartments

The following housing programs provide apartments at below-market rates to everyone, including seniors.

“80–20” Buildings

If financing for the construction of an apartment building comes from either the New York State Housing Finance Agency (HFA) or the New York City Housing De-

velopment Corporation (HDC), 20 percent of the apartments in these buildings must be offered at below-market rates to low-income tenants.

In HFA's program, 20 percent of the apartments are offered at a rate equal to one-third of a tenant's income. In 1999 the annual income limit to qualify for these apartments was \$18,690 for a single person, \$21,360 for a couple. If a low-rent tenant's income in a year increases beyond the low-income limit, the rent is adjusted upward.

In HDC's program, apartments are offered at monthly rents of (1999 figures) \$341–\$528 for a studio and \$364–\$564 for a one-bedroom, depending on income. In 1999 the annual household income limit to qualify for these apartments ranged from \$21,360 to \$32,040, depending on the apartment and the building. If a low-rent tenant's income in a year increases beyond the low-income limit, the rent is adjusted upward, usually to 30 percent of income.

Application for these apartments must be made directly to each building's developer. Tenants are chosen either by lottery or on a first-come, first-served basis.

For a list of HFA's "80–20" developers and buildings: HFA Public Information Officer, ☎ 212/688-4000

For a list of HDC's "80–20" developers and buildings: ☎ 212/344-8080

Apartments in Rehabilitated Buildings

The New York City Department of Housing Preservation and Development (HPD) offers apartments in rehabilitated buildings at below-market rates. For information: HPD Affordable Housing Hotline, ☎ 212/863-5610

Section 8 Vouchers and Certificates

Section 8 of the federal Housing and Community Development Act of 1974 includes a housing assistance pro-

gram under which qualified families obtain vouchers or certificates to be used as partial payment for rent. The purpose of the program is to hold rental costs down to 30 percent of a tenant's income. As of 1999 Congress was not appropriating sufficient funds for the program, and no new applications were being accepted in New York City. The program is administered locally by the New York City Housing Authority (NYCHA).

In 1999 the income limits for those already in the program were \$17,550 for a single person, \$20,100 for a couple. Highest priority is given to the homeless, victims of domestic violence, and crime witnesses whose lives are in danger. Other priorities include people living in dangerous or overcrowded conditions, people who are being involuntarily displaced from their existing homes, and people whose rental costs are more than 50 percent of their income.

If a person receives a "certificate," he/she can lease only those apartments whose monthly rent falls within the federal government's "fair market" rate. The landlord must agree to accept this amount as payment-in-full, and the apartment must be inspected by NYCHA to ensure that it meets NYCHA's minimum standards. The tenant pays 30 percent of his/her income for rent, and federal funds pay the rest.

If a person receives a "voucher," he/she may rent any apartment, including those that cost more or less than the federal "fair market" rate. However, the federal subsidy is based in all cases on the federal rate, not on the actual rent. Thus, a tenant may end up paying more or less than 30 percent of income for rent, depending on whether the actual rent is more or less than the federal rate.

For information about Section 8 rental assistance: NYCHA Leased Housing Department, ☎ 212/306-4093

Home Care and Community Support Services

Home Care

Home care provides varying degrees of personal assistance and medical care. For people with serious disabilities who wish to remain at home, the use of home care services may make it possible for them to remain in the community instead of being transferred to an adult or nursing home. Home care has the additional advantage of being less expensive than institutional care. The cost factor is especially important for couples who need to pay for two separate housing facilities if one spouse lives in an institution and the other lives in the community.

Free and Low-Cost Publications

A Consumer's Guide to Home Care and Community Services (publication 1418; Spanish 1420). Available free from the New York State Department of Health, ☎ 212/613-4244

HealthAnswers, www.healthanswers.com

Home Care for Older People: A Consumer's Guide. Available for sale from United Seniors Health Cooperative, ☎ 202/393-6222, www.ushc-online.org

Maximizing Home Care Safety and Effectiveness

- Prepare a room for the patient that is near a bathroom.
- If possible, choose a room that will not require the patient to climb stairs.
- Arrange furniture so that the bed is easily accessible.
- Remove objects that the patient might trip over, such as throw rugs and unneeded furniture.
- Install safety devices in the bathroom, such as grab bars and nonslip bathtub mats.
- Install bathroom faucets that turn off automatically when a preset hot-water temperature is reached.
- Encourage independence in those patients who need to develop mobility. For example, locate items of interest to the patient across the room or in a different room.

National Association for Home Care (provides a list of internet resources), www.nahc.org

Safety and Comfort in Your Home. Available for sale from Krames Communications, 800/333-3032

Staying at Home: A Guide to Long-Term Care and Housing (publication D 14786) and *Staying in Charge* (publication 15937, Spanish 16063). Both available free to members of the American Association of Retired Persons, 800/424-3410

Family Caregivers

Family members, usually women, provide most of the personal care given to seniors. This is especially true in nonwhite households. On average, family caregivers spend 18 hours a

week to help their relatives, and many spend as much as 25 percent of their income on caregiving expenses.

The burdens of caregiving can be enormous, and family members often underestimate the cost and work involved. This can lead to serious physical, financial, and emotional problems for the family and to neglect and abuse of the patient. Frustration is common among caregivers, and as many as half suffer prolonged depression. Middle-income families are the most likely to suffer from the stresses of caregiving, and the men who need care are more likely than women to be neglected and abused.

Potential caregivers should consider these points:

1. Do I get along with the patient? If not, what can I do to improve the situation? (A good relationship in the past is the best predictor of successful caregiving. Remember that bad or irritating habits will not go away and may get worse.)
2. What are the patient's daily needs? List them in detail.
3. Am I physically, financially, and emotionally able to meet the patient's needs? How will I schedule my time to meet them? What skills will I need to learn?
4. What are my own personal and social needs? How will I satisfy them?
5. Will I be the only caregiver? Will others help? How will they help?
6. What community support services can I draw on? (See "Community Support Services" later in this chapter.)
7. Can I provide a safe environment? Will I need to make alterations in the home? Am I eligible for financial assistance in making alterations? (Publications on home modification as well as sources of aid are discussed under "Programs for Homeowners" in chapter 6. Some long-term care insurance policies pay for home modifications.)

Caregiver Information and Support

Caregiver support groups meet at many of the city's hospitals. Call the hospital(s) in your neighborhood to learn what they offer.

The caregivers of Alzheimer's patients can get referrals to support groups from the Alzheimer's Association, ☎ 212/983-0700 (Staten Island ☎ 718/667-7110) and from the Alzheimer's Center and Long Term Care Services of the New York City Department for the Aging, ☎ 212/442-3092.

Other sources of information and support include:

- Nationwide
- American Association of Retired Persons, www.aarp.org
 - American Health Assistance Foundation, ☎ 800/227-7998
 - Caregiver's Resource Homepage, www.geocities.com/Athens/1330/
 - Caregiver Survival Resources, www.caregiver911.com
 - Children of Aging Parents, ☎ 800/227-7294, www.careguide.net
 - Family Caregiver Alliance, www.caregiver.org
 - HealthAnswers, www.healthanswers.com
 - National Family Caregivers Association, ☎ 800/896-3650, www.nfcares.org
 - National Stroke Association, ☎ 800/STROKES, www.stroke.org
 - Three for the Management of Alzheimer's Disease, ☎ 888/874-2343

	Well Spouse Foundation, ☎ 212/644-1241, www.wellspouse.org
	Wellness for Caregivers of an Aging Relative, Friend, or Neighbor, www.cargiving.com/ Alzheimer's Association, ☎ 212/983-0700, www.alz.org
Citywide	JASA Help Center, ☎ 212/273-5272
Bronx	North Bronx–Westchester Neighborhood Restoration Association, ☎ 718/823-7965
Brooklyn	Lutheran Medical Center, ☎ 718/630-7588 New York Presbyterian Hospital Health Outreach, ☎ 718/677-6633
Manhattan	Caregivers to the Elderly, ☎ 212/288-1831 Friends in Deed, ☎ 212/925-2009 New York Presbyterian Hospital Health Outreach, ☎ 212/746-4365 Temple Shaaray Tefila, ☎ 212/535-8008 Well Spouse Foundation, ☎ 212/724-7209
Queens	Forest Hills Community House, ☎ 718/592-5757 New York Presbyterian Hospital Health Outreach, ☎ 718/670-1211
Staten Island	Alzheimer's Association, ☎ 718/667-7110

Community Agency for Senior
Citizens, ☎ 718/981-6226
St. Vincent's Medical Center,
☎ 718/876-2100

Free and Low-Cost Publications

The Caregiver's Handbook. Available free at www.acsu.buffalo.edu/~drstall/hndbk0.html

Creative Caregiving: Positive Caregiver Attitudes; and Preventing Caregiver Burnout. All available for sale from the National Stroke Association, 800/STROKES, www.stroke.org

Eldercare in the '90s: A Consumer's Guide for New York Friends and Relatives. Available for sale from Friends and Relatives of the Institutionalized Aged, ☎ 212/732-4455, www.fria.org

Home Care for Older People: A Consumer's Guide and How to Care for Your Parents: A Practical Guide to Eldercare. Both available for sale from United Seniors Health Cooperative, ☎ 202/393-6222, www.usc-online.org

Caregiver Support Groups in America (publication D 16097); *Caregiving* (publication D 15631); *A Checklist of Concerns/Resources for Caregivers* (publication D 12895); *Domestic Mistreatment of the Elderly* (publication D 12885); and *A Path for Caregivers* (publication D 12957). All available free to members of the American Association of Retired Persons, ☎ 800/424-3410

Caring for the Alzheimer's Patient at Home: Tips for Coping. Available free from the American Health Assistance Foundation, ☎ 800/227-7998, www.ahaf.org

Long Distance Caregiving. Available for sale from the National Council on the Aging, ☎ 800/867-2755 (TDD 202/479-6674), www.ncoa.org

Home Care Workers: A Word of Caution

There is potential for abuse and neglect of seniors by home care workers, including the theft of personal property. To protect yourself:

- Hire workers only through a “certified home health agency” or “licensed home care services agency.” Lists of these agencies in New York City are available free from the New York State Department of Health, ☎ 212/613-4244.
- Be sure that workers are certified, bonded, and insured.
- Be sure that workers have been trained to respect races, religions, nationalities, and sexual orientations that are different from their own.
- Make all arrangements for payment (including transportation and Social Security) before a home care worker arrives.
- Get receipts for all purchases the worker makes.
- Be sure you know whom to call if property is stolen or if there is an accident in which the worker is involved.

The Resourceful Caregiver: Helping Family Caregivers Help Themselves. Prepared by the National Family Caregivers Association and available for sale at ☎ 800/667-2968

Internet Shopping Service

Mature Mart is an online resource that offers some 20,000 assistive devices and other products for seniors, www.maturemart.com

Professional Caregivers

Three types of service are provided by professional home care workers:

1. skilled medical services, which are performed by nurses, therapists, and home health aides
2. hands-on personal care, which is performed by home attendants (also called personal care aides or homemakers)
3. nonpersonal services, which are performed by housekeepers, chore workers, and companions

A *nurse* is required when a procedure is invasive, as when an injection is administered, a catheter is inserted, or an open and unstable wound is cleaned and dressed. A nurse is also required if a patient's symptoms need to be monitored, analyzed, evaluated, and acted upon. A *registered nurse* has more medical training than a *licensed practical nurse* and is permitted by law to perform more procedures and to make a greater range of symptom assessments. The self-pay cost for a home visit by a nurse is about \$150.

A *therapist* works to restore physical functions that have been lost or reduced by illness or injury. *Physical therapists* deal with mobility and strength, including the use of exercise, massage, and assistive devices. *Speech language pathologists* work to correct communication disorders such as may occur after surgery or stroke. *Occupational therapists* help patients regain their ability to perform daily tasks. The self-pay cost for a home visit by a therapist is about \$140.

A *home health aide* works under the supervision of a registered nurse or licensed therapist. He/she is trained to monitor a patient's vital signs (pulse, temperature, blood pressure, and breathing); assemble, clean, and store medical equipment; change dressings on stable wounds; monitor some forms of therapeutic exercise; and perform other

noninvasive health maintenance. In many situations a home health aide also helps with personal hygiene and light housekeeping, and in this regard may perform some of the functions of a home attendant. The self-pay cost for a four-hour visit by a home health aide is about \$80.

A *home attendant* provides nonmedical hands-on personal assistance. This includes help with bathing, dressing, grooming, eating, toileting, shopping, meal preparation, laundry, and moving about. Most home care is provided by this type of worker. A home attendant is not permitted to monitor a patient's vital signs and is not trained to recognize or treat medical problems. However, a home attendant is permitted to perform some routine quasimedical tasks such as operating a hydraulic lift, measuring urinary output, and caring for a catheter that is in place and stable. Home attendants often perform household management and light housekeeping. The self-pay cost for a four-hour visit by a home attendant is about \$80.

A *personal assistant* is a home care worker who is chosen, trained, and supervised by a patient under New York State's Consumer Directed Personal Assistance Program. Under this program the worker performs medical procedures in addition to providing personal care. The program is explained below under "Obtaining Professional Home Care on Your Own," question 9.

Planning for Professional Home Care

Whether or not home care is suitable for a patient depends on such factors as:

1. What kinds of care and support are needed?
2. When and for how many hours is this help needed?
3. Is the home safe and suitable for delivering care?
4. If the patient lives alone, will home care and community support services enable him/her to live safely?

5. Is someone needed in the home as primary caregiver?
6. Is such a person available?
7. Will this person be able to cope with the physical, emotional, and financial strains of caregiving?

Professional home care services are regulated by several different state and city agencies. Payment sources are fragmented among these, private agencies, Medicare, Medicaid, insurance companies, health maintenance organizations, and a patient's own funds. A person may be eligible for services and payment under more than one program. For reasons that may have little or no basis in medical need, a payment source (including Medicare and Medicaid) may refuse to provide care. In addition, home health agencies often miscalculate the amount of money for services and the number of hours of service to which Medicare and Medicaid recipients are entitled. Denials of needed services must be challenged. Because of these complexities and the variety of eligibility standards for different programs and payment sources, professional guidance may be needed when seeking home care.

Free Professional Home Care Advice and Referrals

Statewide	New York State Department of Health, ☎ 212/613-4244
Citywide	JASA Help Center, ☎ 212/273-5272 New York City Department for the Aging, ☎ 212/442-1000 (provides referrals to neighborhood agencies that assist people in obtaining home care)
Brooklyn	New York Presbyterian Hospital Health Outreach, ☎ 718/677-6633

Manhattan	New York Presbyterian Hospital Health Outreach, ☎ 212/746-4351
Queens	New York Presbyterian Hospital Health Outreach, ☎ 718/670-1211
Staten Island	Alzheimer's Association, ☎ 718/667-7110

Self-Pay Care Management

Geriatric care managers are available for hire to assess a person's healthcare needs and to arrange for and supervise healthcare services. Care managers have formal training and experience in social work, nursing, gerontology, and/or psychology. They are paid on an hourly or monthly basis; the hourly rate is \$75–\$150. The fees are not covered by Medicare. Private long-term care insurance often includes care management provided by employees of the insurance company.

Referrals to geriatric care managers often come from elder law attorneys, hospital discharge planners, benefit departments within corporations and unions, and social service agencies. When interviewing a care manager, ask about the person's training, professional experience, availability in an emergency (including weekends and holidays), and fees. In addition, be sure that you feel comfortable in discussing all healthcare, personal, and financial matters with the care manager.

The names and credentials of 36 geriatric care managers in New York City, along with information on care management, are contained in the *Eldercare Resource Guide*, available for sale from the Brookdale Center on Aging, ☎ 212/481-4433. Additional information is available from the National Association of Professional Geriatric Care Managers, ☎ 520/881-8008 (New York City chapter, 212/222-9163), www.caremanager.org

Free Publications

Care Management: Arranging for Long Term Care (publication D 13803). Available to members of the American Association of Retired Persons, ☎ 800/424-3410

Standards of Practice for Professional Geriatric Care Managers. Available free from the National Association of Professional Geriatric Care Managers, ☎ 520/881-8008, www.caremanager.org

Obtaining Professional Home Care on Your Own

The complexities in obtaining home care are not about finding services. These are all readily available in New York City. The problem is money: What kinds of care—and how much care—can a patient afford and/or get assistance for? The chief sources of payment are a patient's own funds, private insurance, Medicare, and Medicaid. Each of these sources places its own limits on the kinds and amount of care that can be obtained.

The agencies that provide Medicare and Medicaid home care services bear one or both of the following designations: Certified Home Health Agency (CHHA) and/or Licensed Home Care Services Agency (LHCSA). CHHAs can provide medical services (but not personal-care services) under both Medicare and Medicaid. LHCSAs can provide both medical and personal services, but only under Medicaid. Both types of agency can also provide self-pay services.

If someone is being discharged from a hospital and needs follow-up home care, the doctor and hospital discharge planner can provide information and referrals. If someone needs home care but has not been hospitalized, the following questions need to be asked (remember that many phone calls may be needed to find the right kind of help).

Questions (1) and (2) apply in all cases. Question (3) applies to self-pay services, including those paid for under

an insurance policy. Questions (4) and (5) apply to Medicare services. Questions (6) through (9) apply to Medicaid services (see chapter 10 for Medicaid eligibility). Question (10) applies to Medicaid services offered under a special state program for those whose income is above the Medicaid level.

1. What medical and personal care services are needed?

Make a list of required services and the times of day they are needed. This information will speed your inquiries.

2. Is the need for home care likely to be short term (usually 60 days or less) or long term?

Knowing the answer to this question will also speed your inquiries.

3. Does the patient have private insurance coverage for professional home care or can he/she afford to pay privately?

If the answer is yes, contact a “licensed home care services agency.” Such agencies are licensed by the New York State Department of Health to provide all levels of medical and personal home care, both long term and short term. Agencies usually require that home care workers be hired for a minimum of four hours per visit. A list of agencies in New York City is available from the New York State Department of Health, ☎ 212/613-4244.

Another source for self-pay care is a nursing service “agency” or “registry,” which provides “private duty” nurses to care for patients based on instructions from the patient’s doctor. A list of these agencies and registries is printed in the Yellow Pages under “Nurses.”

4. Is the patient enrolled in Medicare *and* is part-time skilled medical care needed?

If the answer is yes, contact a “certified home health agency” (CHHA), which will assess the patient’s med-

ical needs and determine if Medicare will pay the cost. A list of CHHAs in New York City is available from the New York State Department of Health, ☎ 212/613-4244.

If a patient is being discharged from a Medicare-participating hospital and needs follow-up home care, he/she must be given a list of all the Medicare CHAAs that serve the patient's home area. (However, the list may include only those CHAAs that have asked to be listed.) The list must state if the hospital has a financial relationship with any of the CHAAs. The hospital may not limit the patient's choice of which CHAA to use.

The number of hours per week that Medicare will cover is generally no more than 28 but can be as much as 35. There is no maximum number of days for this level of care; it can continue for as long as it is medically necessary. On a short-term basis (maximum 21 days) as much as 56 hours per week may be covered. No prior hospitalization is required.

If a patient needs long-term care (for more than 21 days) and disagrees with the CHHA about the number of hours needed, additional hours (up to 35 per week) can be obtained by asking for a "demand bill." This allows the CHHA to provide service hours beyond its recommendation without being penalized by Medicare for providing excessive service. However, if Medicare later determines that the additional hours were not justified, then the patient will have to pay for the entire cost of those hours.

Medicare does not cover personal care, only the skilled medical care that is provided by a nurse, therapist, or home health aide. However, if a patient is approved by Medicare to receive skilled medical care, a home health aide may perform personal services provided they can be fitted within the approved hours and do not interfere with or replace medical services. (Some Medigap policies cover at-home personal assistance, but only up to \$1,600 per year.)

5. Is the patient enrolled in a Medicare managed care plan (such as an HMO)?

If the answer is yes, check to see what home care benefits are provided by the plan. Medicare HMOs must provide at least as many home care benefits as fee-for-service Medicare.

6. Is the patient eligible for Medicaid *and* does the patient need only short-term care?

For Medical Care: If the answer is yes and the patient needs medical care for 60 days or less, contact a “certified home health agency” (CHHA). A list of these agencies in New York City is available from the New York State Department of Health, ☎ 212/613-4244.

The patient’s doctor will be asked to complete a “Medical Request for Home Care” (form M-11q), which is available from the doctor, the CHHA, or from the New York City Human Resources Administration (HRA), ☎ 718/291-1900. Friends, family members, and others who know what types of assistance the patient needs should be sure that the doctor knows about these needs and reports them fully. This is especially true for the “activities of daily living” such as eating, bathing, dressing, toileting, and moving about. A line-by-line guide to filling out form M-11q is available free by written request from Legal Services for the Elderly, 130 West 42nd Street, #1700, New York, NY 10036.

As part of the approval process, an HRA worker will visit the home to determine if it is suitable for home care. If it is, HRA medical personnel will make a final determination of medical need. If home care is denied or the amount of care that is approved is less than needed, do not accept this determination. Ask for a “fair hearing” (where the decision will be reconsidered). Seek advice in preparing your appeal from the sources described above under “Free Professional Home Care Advice and Referrals.”

For Personal Care: If the answer to (6) is yes and personal (nonmedical) care is needed for less than 60 days,

you may be able to obtain it from HRA, but the approval process may take two-three months. For information and an application call HRA, ☎ 718/291-1900. If you are denied home care, ask for a “fair hearing” and seek professional help from the sources described above under “Free Professional Home Care Advice and Referrals.”

7. Is the patient eligible for Medicaid *and* does the patient need long-term care?

If the answer is yes, the patient may qualify for New York State’s Long Term Home Health Care Program (LTHHC), which provides comprehensive home care for Medicaid patients who would otherwise need to be placed in a nursing home. The program is administered in the city by the Office of Home Care Services of the New York City Human Resources Administration. (LTHHC is often called “Lombardi,” after the state senator who developed it in the late 1970s, and also “Nursing Homes Without Walls.”)

LTHHC is available to people who meet all of the following requirements:

1. are receiving (or are eligible for) Medicaid benefits
2. would otherwise require long-term nursing home care
3. have a safe home environment
4. need no more than 35–42 hours of professional care per week (which means that a friend or family member needs to be available in an emergency and may also need to be available as primary caregiver)
5. can be given long-term home care for no more than 75 percent of the cost of nursing home care (in some cases the limit is 100 percent)

Most Medicaid patients enter the LTHHC program after a hospital stay, and arrangements for admission are made by hospital discharge planners. A nonhospitalized Medicaid recipient needs the approval of a doctor, after

which the doctor, the patient, a family member, or a social worker must contact the intake office of an LTHHC provider (see list below).

Each LTHHC patient's care is coordinated by a registered nurse, who selects from among the following services those which the patient needs: nursing; physical, occupational, speech, and/or respiratory therapy; personal care; food services; medical supplies and equipment; homemaking and housekeeping; prescription drugs; transportation; day care; emergency response systems; respite care; home modifications and maintenance; and social work (including referral to community agencies and benefit programs). The patient's needs are reviewed three times a year.

LTHHC providers in New York City include:

Bronx

Dominican Sisters Family
Health Services,

☎ 718/665-6557

Frances Schervier Home and
Hospital, ☎ 718/548-1700

Hebrew Home for the Aged at
Riverdale, ☎ 718/549-8700

Hebrew Hospital Home,
☎ 718/379-5020

Jewish Home and Hospital for
the Aged, ☎ 718/367-1125

Montefiore Home Health
Agency, ☎ 718/405-4400

Morningside House Nursing
Home, ☎ 718/409-8200

Visiting Nurse Service of New
York, ☎ 718/319-7164

Brooklyn

Center for Nursing and
Rehabilitation,

☎ 718/230-0002

Long Island College Hospital,
☎ 718/780-1654

- Manhattan
- Metropolitan Jewish Geriatric Center, ☎ 718/921-7820
 - St. Mary's Hospital, ☎ 718/774-7509
 - Victory Memorial Hospital, ☎ 718/567-1057
 - Visiting Nurse Association of Brooklyn, ☎ 718/834-9582
 - Cabrini Medical Center, ☎ 212/995-7131
 - Isabella Geriatric Center, ☎ 212/342-9500
 - Jewish Home and Hospital for the Aged, ☎ 212/870-5071
 - Metropolitan Hospital, ☎ 212/423-6262
 - St. Luke's-Roosevelt Hospital, ☎ 212/523-4663
 - St. Vincent's Hospital, ☎ 212/604-7575
 - Visiting Nurse Service of New York, ☎ 212/290-3292
- Queens
- Franklin Hospital Medical Center, ☎ 516/256-6540
 - Hillside Manor Home Health Care, ☎ 718/291-3500
 - New York Hospital of Queens, ☎ 718/670-1515
 - Parker Jewish Geriatric Institute, ☎ 718/289-2700
 - Visiting Nurse Service of New York Home Care, ☎ 718/463-9494
- Staten Island
- Visiting Nurse Association Health Care Services, ☎ 718/720-2245

For information about LTHHC, contact the above providers or the Home Health Care Program of the New York State Health Department, ☎ 212/613-4200.

8. Is the patient eligible for Medicaid *and* would the patient like to enroll in a managed long-term care program?

The advantage of managed long-term care is that all services are either provided or coordinated by a single bureaucracy. The disadvantage is that the bureaucracy, not the patient, makes the final decisions about what care is provided.

The New York State Department of Health (DOH) is currently testing the cost effectiveness of managed long-term care for Medicaid-eligible persons. DOH will approve 38 managed-care “demonstration projects” across the state, three of which were already operating in New York City at the beginning of 1999:

Beth Abraham Comprehensive Care Management (Bronx and Manhattan), ☎ 718/515-8600 (ask for the Intake Office)

Hebrew Hospital Home (Bronx), ☎ 718/379-0793

VNS Choice (Bronx, Brooklyn, Manhattan, and Queens), ☎ 212/290-4975

Five additional projects are expected to be operating in the city by the end of 1999. For information on the borough locations and the status of these programs: New York City Human Resources Administration, ☎ 212/835-7378, or New York State Department of Health, ☎ 518/478-1111

There are similarities between the DOH demonstration projects and the LTHHC program described above under question 7. Both offer comprehensive managed long-term care. The chief differences are that (1) the demonstration projects have minimum-age requirements (21, 55, and 65, depending on the project), (2) they can

Getting Results on the Telephone

- Always have paper and pencil at hand.
- If you think you will be asked Social Security or other numbers, write them down.
- If you think you will be asked income and healthcare information, write it down.
- Write down your questions. Keep them as short as possible.
- Rehearse your questions. Say them aloud to yourself.
- Write down the name and numbers of everyone you are transferred to.
- Learn the jargon. If you hear a new term, ask what it means. Write it down.
- Use the new term in your next calls.

provide more hours of service than LTHHC, and (3) they are permitted to spend more on caretaking services. In addition, some of the demonstration projects are open to patients who are not nursing-home eligible.

9. Is the patient eligible for long-term care under Medicaid *and* would the patient (or caregiver) prefer to hire, train, and supervise his/her own home care workers?

If the answer is yes, apply for New York State's "Consumer Directed Personal Assistance Program." Under this program a Medicaid recipient or his/her caregiver can hire, train, schedule, and supervise one or more "personal assistants" to help with personal hygiene and other activities of daily living; to do housekeeping, shopping, and cooking; and to perform medical procedures that normally are per-

formed only by nurses or home health aides. In New York City this program is administered by the city's Human Resources Administration (HRA) through a not-for-profit corporation, Concepts of Independence (Concepts).

The personal assistant can be anyone age 18 or older who is not a member of the patient's immediate family. However, a patient's brother or sister is allowed provided he/she does not live with the patient (unless this is part of the approved plan of care). If desired, Concepts will help recruit an assistant. It will also pay for extra hours while the patient (or caregiver) trains the assistant.

Legally, the personal assistant is the patient's (or caregiver's) employee, and the patient (or caregiver) accepts all responsibility for any personal injury or loss of property the assistant may cause. Concepts is responsible only for issuing payroll checks and maintaining payroll records.

The number of personal assistant work hours is determined by HRA after reviewing the recommendations of the patient's doctor, a nurse who visits the patient every six months, and an HRA caseworker. The hours authorized can range from a few hours a week to 24 hours a day. If the patient (or caregiver) becomes unable to direct care, the patient is transferred to another Medicaid program.

In all boroughs except Staten Island, caregivers for an Alzheimer's patient can obtain comprehensive help in applying for and carrying out this program from the Alzheimer's Association, ☎ 212/983-0700.

For Concepts information and applications: ☎ 212/293-9999

10. Does the patient need only personal care *and* have too high an income for Medicaid assistance?

If the patient is age 60 or older and his/her income is above the Medicaid limit, he/she may be able to obtain nonmedical personal care as well as housekeeping services on a free or cost-sharing basis under New York State's "Expanded In-Home Services for the Elderly Program" (EISEP).

EISEP provides 9–20 hours of personal care per week. Medical care is not included. If it is needed and is not available through Medicare or private insurance, the patient must pay for it until his/her income and assets fall below the Medicaid limit, after which all care is covered by Medicaid.

Income eligibility for EISEP is complicated as are the cost-sharing formulas, which are based in part on housing expenses. The best approach is to ask an EISEP provider to evaluate your financial situation.

For EISEP information and providers: New York City Department for the Aging, ☎ 212/442-1000

Professional Evaluations of Home Health Agencies

The following organizations evaluate home health agencies that request evaluation. These evaluations are available free by phone and internet. (Have ready the name of the agency and the city in which it is located.)

Community Health Accreditation Program,

☎ 212/989-9393, www.chapinc.org

Joint Commission on Accreditation of Healthcare

Organizations, ☎ 630/792-5800, www.jcaho.org

Evaluating Home Health Agencies on Your Own

1. Ask the agency for a printed description of its services, eligibility requirements, fees, payment schedules, and if it accepts Medicare, Medicaid, and private insurance.
2. How are workers trained and who supervises them?
3. Are workers trained to respect races, religions, nationalities, and sexual orientations that are different from their own?
4. Are workers certified, bonded, and insured?
5. Is there a back-up system in case the assigned worker is unavailable?

6. Ask for a written plan of care, including what services will be provided, how often, and by whom.
7. Ask for a list of patient's rights.
8. Ask how to register a complaint.
9. Take note of how your questions are answered and whether you feel comfortable talking with the agency's staff.

Free Publications

Helping You Choose Quality Home Care. Available from the Joint Commission on Accreditation of Healthcare Organizations, ☎ 630/792-5800, www.jcaho.org

How to Choose a Home Care Provider: A Consumer's Guide. Available from the National Association for Home Care, ☎ 202/547-7424, www.nahc.org

Quality Assurance and Complaints

If a home care agency is certified by Medicare and Medicaid, this is generally an endorsement of quality care. If you have a complaint, contact the agency and explain the problem. You are entitled by law to receive a written response if you ask for one. If the agency's response and corrective actions are not satisfactory, contact the following agencies:

Joint Commission on Accreditation of Healthcare Organizations, ☎ 630/792-5642 (investigates complaints about home health agencies that are accredited by the commission)

New York State Department of Health, ☎ 800/628-5972 or 212/613-4254

New York State Office for the Aging, ☎ 800/342-9871

New York City Human Resources Administration, ☎ 718/291-1900

U.S. Department of Health and Human Services Fraud
Hot Line, ☎ 800/447-8477 (TTY 800/ 377-4950)

Community Support Services

Community support includes services delivered outside the home (such as adult day care and senior center activities) and supportive aid for the homebound (such as home-delivered meals and personal emergency response systems). These services enable people to live at home and to avoid or delay transfer to an institution.

Free Publication

A Consumer's Guide to Home Care and Community Services (publication 1418; Spanish 1420). Available from the New York State Department of Health, ☎ 212/613-4244

Senior Centers

Foremost among the city's support services for seniors is the network of 335 neighborhood senior centers supported by the New York City Department for the Aging (DFTA).

All DFTA-supported centers provide at least one cooked meal a day at least five days a week. Programs other than food service depend on the needs and interests of the surrounding neighborhood and on whether or not other agencies provide services there. In some neighborhoods senior centers offer language and citizenship classes and benefits counseling; in others, arts workshops, medical check-ups, flu shots, exercise programs, and tickets to Broadway shows. Some provide services to the homebound. Some offer day trips to Atlantic City and elsewhere.

All senior centers in DFTA's network receive money from DFTA for some or all of the services they provide. Some centers receive funding from other sources as well. (The annual budget for a large center with many programs can be \$300,000 or more.) At least once every six

years DFTA reviews its contracts with each senior center to ensure that service delivery is satisfactory, that the services DFTA wants to provide are spread as evenly as possible across the city's neighborhoods, and that any competing service providers are not able to do the work better. DFTA's money comes mainly from city, state, and federal tax dollars.

There is no charge to join a center, and seniors are welcome to join more than one. A contribution is requested for meals. There may be a charge for some activities.

For the locations of senior centers: DFTA, ☎ 212/442-1000, www.ci.nyc.ny.us/aging.

In addition to DFTA-sponsored centers, there are luncheon, social, and recreational clubs sponsored by religious and fraternal organizations, the YM-YWCA and YM-YWHA, and the city's Parks Department (see chapter 2) and Housing Authority.

Street Safety


The New York City Police Department, in a program called "Safe Corridors," provides a heightened street presence at least once a week along heavily used pedestrian corridors in most precincts. This service provides seniors with added protection as they shop, bank, keep medical and other appointments, and visit friends. For the Safe Corridors schedule in your neighborhood, call your local police precinct or senior center.

Library Books for the Homebound

The three library systems that serve New York City provide these books-by-mail services for the homebound:

Bronx,	New York Public Library Books-
Manhattan,	by-Mail, ☎ 212/621-0564
Staten Island	Number of books per order: 1-3
	Charge for postage: none


Brooklyn

Brooklyn Public Library
Homebound Service,
 718/780-7723

Number of books per order:
2 or more


Charge for postage: no charge for
large-print books; for other books
the borrower sends postage
money when returning the
borrowed books

Queens

Queensboro Public Library
Mail-A-Book Service,
 718/776-6800

Number of books per order: 2-6

Charge for postage: none

The Brooklyn Public Library's Service to the Aging,
 718/376-3577, brings books and other materials for
borrowing to nursing homes, senior housing facilities,
and senior centers in Brooklyn.

Vision Care for the Homebound

The State University of New York Optometric Center
sends teams comprised of interns and a supervising op-

Help for Seniors with Pets

Seniors throughout the five boroughs can obtain
help caring for their pets from the Pets Project of
the Jewish Association for Services to the Aged.
The Project offers such services as dog walking,
litter-box cleaning, bird-cage maintenance, shop-
ping for pet food and supplies, and transportation
to a veterinarian or groomer.

For information:  212/273-5272

tometrist to examine homebound seniors and to prescribe corrective lenses and other treatments. This service is available in all boroughs. Payment sources include Medicare, Medicaid, private insurance, and self-pay.

For information and requests for a visit: ☎ 212/780-4930

Assistive Devices for Telephone Users

In 1999 many assistive devices were being offered free of charge to low-income, disabled New Yorkers. These devices included TTY and amplified phones for the hearing impaired, large-number and Braille TTY phones for the visually impaired, hands-free or cordless phones for those with mobility impairments, and other devices. To qualify you must have been eligible for LifeLine service (available to low-income people) and had your disability certified by a medical professional.

For information: ☎ 800/974-6006 (TTY same number)

A catalog of assistive devices for sale is available free from Hitec Group International, ☎ 800/288-8303 (TTY same number).

Assistive Services for Telephone Users

Bell Atlantic offers free directory assistance for those who are unable to use a telephone book. Free operator assistance is provided to those who are unable to make calls on their own.

For information: ☎ 800/974-6006 (TTY same number)

The New York Relay Service (NYRS) provides an operator 24 hours a day who types spoken messages or reads aloud typed messages if one or both parties is hearing-and/or speech-impaired.

For information: ☎ 800/664-6349 (TTY 800/835-5515)

Reduced Mass Transit Fare

People age 65 or older and the disabled of any age may ride all mass transit in the city for half fare (except express buses during peak hours). To take advantage of this program on city subways and buses show your Medicare card and pay in cash or obtain a reduced-fare MetroCard. The MetroCard is sold in two versions: (1) an advance-payment electronic card from which the reduced fare for each ride is deducted at the bus cashbox or subway turnstile; or (2) a credit card that electronically registers fares for which the user is then billed once a month (the user can pay the monthly bill by check or money order or recharge the amount owed to a regular credit card).

The minimum cash value that can be placed on an advance-payment card is \$5. This transaction can be made at subway entrance booths, at mobile vans operated by New York City Transit, at many bank ATMs, and at street-level vending machines.

All reduced-fare cards expire after two years, at which time they must be replaced. Any leftover value on an advance-payment card is transferred to the new card.

Users of the Staten Island Rapid Transit, Long Island Railroad, and Metro-North Railroad should present proof of age (a Medicare card or reduced-fare MetroCard) to receive the senior discount.

Help in Applying for the Reduced Fare MetroCard

Proof of age is required when submitting a reduced-fare MetroCard application.

Help is available at the city's neighborhood senior centers and from mobile vans operated by New York City Transit. For the vans' schedules (or to request that a van come to your neighborhood): ☎ 212/638-7622

For reduced fare information and application forms: Reduced Fare Office, New York City Transit, ☎ 718/243-4999 (TTY 718/596-8273)

Replacing Lost, Stolen, or Expired Reduced Fare MetroCards. Seniors may request replacement cards by calling the Reduced Fare Office, ☎ 718/243-4999 (TTY 718/596-8273). Any value remaining on the old card will be transferred to the new card, which will be sent by mail.

Door-to-Door Transportation

Two services are available to people age 60 or older: Access-A-Ride and transportation provided by the city's Department for the Aging (DFTA).

Access-A-Ride

New York City Transit provides shared rides to any destination in the city for those who are seriously disabled and qualify for transit assistance under the Americans with Disabilities Act.

Service is either door-to-door or door-to-bus. Advance reservations are required but are not always accepted owing to insufficient vehicles and drivers. The fare is the same as for regular public transportation. Personal care attendants ride free.

Those wanting to use Access-A-Ride must first fill out an application and obtain an identification number. Help with applications is available at neighborhood senior centers and at New York City Transit, ☎ 212/632-7272.

DFTA Transportation

The New York City Department for the Aging contracts with more than 70 neighborhood agencies to provide transportation for those who are too frail to use public transportation, are unable to walk to a subway station or bus stop, or who must make trips requiring numerous and difficult transfers. (The disability standard is less restrictive than for Access-A-Ride.) The service is provided to and from meal sites, senior centers, and essential medical and social service appointments. There is no required fare, but a contribution is requested.

For information and service requests call or visit a senior center or call DFTA, ☎ 212/442-0963.

Personal Emergency Response Systems (PERS)

A PERS consists of three elements:

1. a small battery-powered device called a “transmitter” that is worn on a chain around the neck, on the wrist, or on a key chain
2. an automatic dialing machine, often called a “communicator,” which is connected to the home telephone line
3. a central office, staffed 24 hours a day, that receives and processes incoming signals for help

When a button on the transmitter is pressed, a wireless signal goes to the communicator, which then calls the central office where information about the subscriber is immediately displayed on a computer screen. This information includes the name, address, phone number, and medical history of the subscriber together with three or more names of “responders” (people who have agreed to help the subscriber in an emergency). The names, addresses, and phone numbers of family members, doctors, and preferred hospitals are also displayed, along with advance medical directives, healthcare proxies, and local police, fire, and medical services.

When a call is received in the central office, the service provider first tries to make contact with the subscriber, either by phone or by means of a two-way speaker system built into the communicator. If contact is established and the problem can be evaluated, appropriate action is taken. This may mean calling a responder or calling for emergency help. If contact is not made, the provider may try to reach a responder or may call immediately for emergency help. Some systems include an “inactivity alarm,” which signals the central office if the subscriber

has not used the phone or pressed the communicator's reset button for 24 hours.

The central office provides follow-up services, including help for responders in evaluating the problem, forwarding of medical information to emergency personnel, and informing family members of the emergency.

PERS subscribers receive an identification card on which is printed the phone number of the central office. If the subscriber is away from home, emergency workers worldwide can obtain medical information about the subscriber by calling the office.

A PERS has two significant drawbacks: (1) the transmitter must be close enough to the communicator (usually within 175 feet) for the wireless signal to be received, and (2) the caller must be within reach of a phone or close enough (usually within 75 feet) to the communicator for voice contact to be made. Walls and other obstructions can interfere with the wireless signal. Airplane, street, radio, and television sounds can interfere with two-way voice contact.

The cost of installing a PERS is \$45–\$75, and the monthly charge is \$30–\$45. Because PERS equipment is usually rented rather than sold, a security deposit may be required. A special phone jack is needed if the subscriber wants the communicator to override an in-use or off-the-hook phone.

Payment sources for PERS include self-pay, some long-term care insurance policies, and Medicaid. Medicare and most managed care plans do not cover the cost of PERS.

A list of PERS providers is printed in the Yellow Pages under "Medical Alarms, Systems & Monitoring." Many hospitals supply PERS or make referrals to PERS providers.

Free Publications

Personal Emergency Response Systems (publication F 030281). Available from the Federal Trade Commission, ☎ 202/326-2180

Product Report: PERS (publication D 12905). Available to members of the American Association of Retired Persons, ☎ 800/424-3410

Adult Day Care

Adult day care provides three to six hours (occasionally as much as eight or nine hours) of supervised social activities and/or medical care per day. In 1999 there were 83 day care programs in New York City.

Day care programs that follow a “social model” provide supervision, personal assistance, and meals along with activities such as art and music therapy, discussion groups, alertness games, and exercise. Programs that follow a “medical model” may also include skilled nursing and rehabilitative services such as are provided in nursing homes. Some programs offer specialized care for people with Alzheimer’s disease and other dementias, blindness, and incontinence.


Most of the medical-model program sites are located in nursing homes, hospitals, or healthcare centers. The social-model programs are usually located in senior and other community centers. Most programs require that the client be escorted to and from the program site, but some programs provide transportation.

Fees for social-model programs are often on a sliding scale of \$10–\$60 for a half-day session. Fees for medical-model programs range from \$135 to \$180 for a full day.


Payment sources include self-pay, some long-term care insurance policies, and Medicaid. In order to qualify for Medicaid assistance, a client must:


1. be enrolled in the Long Term Home Health Care Program, also called “Lombardi” (described above under “Obtaining Professional Home Care on Your Own,” question 7), or
2. be enrolled in one of the managed long-term care demonstration projects described above under question 8, or

3. contact one of the city's medical-model day care programs, which will evaluate the client's needs and help with Medicaid eligibility questions

For information and referrals to day care programs:
 212/986-4766

Directories of Day Care Programs

Directory of Adult Day Programs in New York City and Westchester County. Available for sale from the New York State Adult Day Services Association, Region 8,
 212/986-4766

Informational Booklet (Staten Island only). Available free from the Staten Island Chapter, Alzheimer's Association,  718/667-7110

Respite Care


Respite care is temporary custodial and/or nursing care provided either in the home or in a residential facility such as a nursing home. Its purpose is to provide substitute care when the primary caregiver (usually a family member) needs to be away from home. Respite care can range from a few hours a month to 24-hour care lasting several weeks. Adult day care (see above) can also serve as a daily respite resource for caregivers.

Several nursing homes have residential respite care programs. They include:


Bronx

Hebrew Home for the Aged:

Palisade Ave. facility,


 718/549-8700; Henry

Hudson Parkway facility,


 718/549-1700

Methodist Church Home

for the Aged,

 718/548-5100

Providence Rest,

 718/798-8600

Manhattan	Bialystoker Home for the Aged, ☎ 212/475-7755
Staten Island	Golden Gate Health Care Center, ☎ 718/698-8800

Information on facilities that have respite programs for Alzheimer’s patients is available from the Alzheimer’s Center and Long Term Care Services of the New York City Department for the Aging, ☎ 212/442-3092. For Staten Island programs call ☎ 718/667-7110.

Home respite care is available throughout the city on a full-fee, self-pay basis. For information contact a “licensed home care services agency.” A list of these agencies in New York City is available from the New York State Department of Health, ☎ 212/613-4244.

Reduced-fee self-pay home respite care is available from the following agencies:

Brooklyn and Manhattan	Respite Care Program, New York Foundation for Senior Citizens, ☎ 212/962-7791
Queens	Sunnyside Home Care Project (serves primarily Astoria, Sunnyside, Woodside, and Long Island City), ☎ 718/784-6160
Staten Island	Alzheimer’s Association (serves Alzheimer’s patients only), ☎ 718/667-7110

Payment sources for respite care include (in addition to self-pay) Medicaid, some long-term care insurance policies, and corporate and union healthcare benefits programs.

Assistance for Grandparents Raising Grandchildren

The Grandparent Resource Center of the New York City Department for the Aging, ☎ 212/442-1094, provides help with:

1. adoption, kinship foster care, guardianship, and child custody
2. financial and healthcare benefits
3. free and low-cost childcare
4. schooling
5. services for grandchildren with special needs
6. neighborhood counseling services
7. referrals to grandparent support groups
8. organizing grandparent support groups

The American Association for Retired Persons provides grandparenting information at ☎ 202/434-2296.

Caring Grandparents of America provides online information at 206.232.136.2/CGA/

The “Relatives as Parents Program” of the Brookdale Foundation Group helps community-based organizations develop programs that assist grandparent caregivers. For information: ☎ 212/308-7355

Free and Low-Cost Publications

Grandparents Raising Their Grandchildren: What to Consider and Where to Find Help (publication D 15272). Available free to members of the American Association of Retired Persons, ☎ 800/424-3410

Help for Grandparent Caregivers (6 volumes, sold separately). Available in English or Spanish from the Brookdale Center on Aging, ☎ 212/481-4433

A Helping Hand for Grandparents Who Are Raising Grandchildren and *The Grandparent Raising Grandchildren Book*. Both available free from the Grandparent Resource Center, ☎ 212/442-1094

Assistance for Parents with Disabled Adult Children

Seniors throughout the five boroughs who have adult children with disabilities can obtain free professional advice

on care planning from the Senior Outreach Project of Bronx Independent Living Services. This program helps senior parents to locate services and to make plans for their children's future financial, legal, housing, and healthcare needs. In addition to one-on-one counseling, the Project offers workshops for senior groups on care planning.

For information: ☎ 718/652-3469 (TTY 718/515-2803)

Assistance for Sexual Minorities

Senior Action in a Gay Environment (SAGE) is a community support agency that serves sexual minorities (lesbians, gay men, bisexuals, and transgender persons). It provides a drop-in social center, day trips, restaurant and theater outings, arts workshops, exercise classes, discussion groups, bereavement support, advocacy activities, benefits and healthcare counseling, visits to the homebound and to those in hospitals and nursing homes, and referrals to other gay and lesbian groups. Many SAGE activities are free. Those people who pay a membership fee of \$35 a year also receive a monthly newsletter and discounts on the SAGE activities for which a fee is charged.

For information: ☎ 212/741-2247

Protective Services for Adults (PSA)

Seniors who need help but live alone with no friends or family to look after them may unknowingly act in ways that present a danger to themselves or others. PSA, a program of the New York City Human Resources Administration (HRA), is authorized to receive reports of people at risk, to investigate their situation, and to take corrective action, including guardianship. PSA services are delivered by neighborhood organizations under contract to HRA.


Requests for PSA intervention can come from anyone who is in contact with, or affected by, a person at risk. Contact these PSA offices:

Bronx	 718/716-3874
Brooklyn	 718/237-8289
Manhattan	 212/630-1853
Queens	 718/523-1380
Staten Island	 718/720-2800

Other Community Support Services

The city's Department for the Aging (DFTA) helps to coordinate and pay for a wide variety of community support services. These include:

emergency assistance	friendly visiting
crime victim assistance	escort
housing advice	shopping
care management and counseling	chore work and heavy cleaning
home-delivered meals	housekeeping
meals served at senior centers	home repairs
telephone reassurance	health maintenance
	legal assistance
	money management

For information about these and other services, call or visit a senior center or call DFTA,  212/442-1000. Keep in mind that some services may not be available in all neighborhoods and that many services have waiting lists.

Internet Resources



The following websites provide indexes and links to internet resources on aging, including information about home care, caregiving, and community support services:

- Directory of Web and Gopher Aging Sites, www.aoa.dhhs.gov/aoa/webres/craig.htm

- Geroweb, www.iog.wayne.edu/GeroWeb.html
- Internet and E-mail Resources on Aging, www.aoa.dhhs.gov/jpost6/#top (last and final update: 1997)
- National Association for Home Care, www.nahc.org

Supportive and Long-Term Care Housing

Senior housing that incorporates support services falls into three main categories:

1. *Congregate housing* provides separate apartments or cottages for each resident plus group services such as meals served in a dining room and social activities. Housekeeping and transportation services may be included in the monthly charge. Varying levels of personal care and medical care may also be included; if not, they are usually available for additional fees.
2. *Personal-care housing* provides rooms or apartments, meals, housekeeping, laundry, supervision, and nonmedical personal care such as help with bathing, dressing, eating, toileting, and mobility.
3. *Medical- and personal-care housing* provides nursing and rehabilitative services in addition to personal care.

Supportive housing is confusing in two regards. First, there is no clear boundary separating “supportive” housing and nonsupportive “independent living.” As explained in chapter 6, many apartment buildings designed

for independent living include support services (for example, an on-site senior center that serves meals, helps with entitlement applications, and sponsors group activities). In addition, residents in nonsupportive housing can obtain home care and community support services that often equal what nursing homes offer.

A second source of confusion is terminology. Nationwide there are more than a dozen terms for supportive housing. The most common, “assisted living,” is especially confusing because:

1. It is applied to many different types and levels of support.
2. It is one of many terms used for facilities that provide hotel-like amenities together with care services that are either included in the monthly charge or provided at extra cost.
3. It is used for a specific New York State program that operates in some adult homes and “enhanced-living” facilities, where it functions as an alternative to placement in a nursing home.
4. “Assisted” is often used to mean “subsidized,” as in “assisted housing.”

Free and Low-Cost Publications

Home Planning for Your Later Years. Available for sale from the National Council on the Aging, ☎ 800/867-2755 (TDD 202/479-6674), www.ncoa.org

Not-for-profit Housing and Care Options for Older People. Available free from the American Association of Homes and Services for the Aging, ☎ 800/508-9442, www.seniorsites.com

Selecting Retirement Housing (publication D 13680). Available free to members of the American Association of Retired Persons, ☎ 800/424-3410

Congregate Housing

Retirement Communities and Assisted Living

“Retirement communities” and “assisted living” are a fast growing industry, estimated to earn \$30 billion a year by 2000. Other terms for this type of housing include “senior,” “independent living,” “catered living,” “senior care,” “residential care,” “continuing care,” and “life care.” The facilities include new or remodeled buildings and/or clusters of separate dwellings. They may go by such names as “residence,” “manor,” “park,” “campus,” “community,” or “village.”

Most “retirement” housing is not “supportive” because the contracts include few, if any, assistive services. By contrast, “assisted living” may provide housekeeping, linens, maintenance, repairs, yard work, meals served in a dining room, group activities, and transportation services.

Because “assisted living” is not defined by law, what it includes varies greatly by facility and by contract. Personal and medical care may or may not be included in the contract. Some retirement and assisted-living facilities do not allow residents to enter and/or remain if they have serious physical or mental disabilities. If personal care is included, it may consist of no more than 45 minutes of help per day. Higher levels of care, including room-delivered meals, may cost extra.

In New York City, monthly charges for assisted-living apartments (not including personal care) range from \$2,000 to \$7,000 or more.

Free Publications

Assisted Living. Available from the Assisted Living Federation of America (an organization of for-profit facilities), ☎ 703/691-8100, www.alfa.org

Assisted Living. Available from the American Association of Homes and Services for the Aging (an organization of not-for-profit facilities), ☎ 800/508-9442, www.seniorsites.com

The Family Caregiver Alliance, a California-based organization, provides information on assisted living at www.caregiver.org

Continuing Care Retirement Communities

In New York State, facilities called “life care” and “modified continuing care” must provide care in a nursing home, if needed. (This is in addition to whatever amenities, personal care, and other services the facilities offer.) State regulators monitor the finances of these facilities as well as the character and competence of their operators. The chief difference between the two types is that “modified continuing care” must provide a minimum of 60 days of nursing home care during the lifetime of the resident while “life care” must provide unlimited nursing home care. (“Modified continuing-care” facilities may offer long-term care coverage beyond the regulated minimum.)

To help pay for the cost of long-term care, should it be needed, life-care and continuing-care facilities charge a one-time entry fee, which can be \$50,000–\$350,000 or more. For the resident, this fee functions as long-term care insurance.

In 1999 there were four life-care facilities in New York State, two under construction, and several being planned. No modified continuing-care facilities had been licensed. For further information call the Bureau of Long Term Care Initiatives of the New York State Department of Health, ☎ 518/478-1141.

Outside New York State, facilities called “continuing care” and “life care” may or may not be regulated.

Free and Low-Cost Publications

Accredited Communities (an address list of some 200 continuing-care facilities). Available free from the Continuing Care Accreditation Commission, ☎ 202/783-7286

The Consumer's Directory of Continuing Care Retirement Communities (for sale; contains profiles of 500

facilities around the country); *The Continuing Care Retirement Community: A Guidebook for Consumers* (for sale); and *The Continuing Care Retirement Community* (free). All available from the American Association of Homes and Services for the Aging, ☎ 800/508-9442, www.senior.com/aaaha

Finding a Facility

Be as clear as possible in your own mind about the specific services and features you want. Remember that terms such as “assisted living” and “continuing care” mean different things in different facilities.

In New York City. A list of assisted-living buildings is included in *Supportive Housing*, available free from the New York City Department for the Aging, ☎ 212/442-3092.

Not-for-profit facilities in the city are included in *Not-for-Profit Long Term Care and Housing Options in New York State*, which is available for sale from the New York State Association of Homes and Services for the Aging, ☎ 518/449-2707.

For-profit facilities in and around the city are listed in *New Lifestyles*, which is available free at ☎ 800/869-9549, www.newlifestyles.com

Outside New York City. New York State’s Office for the Aging, ☎ 800/342-9871, provides phone numbers for many facilities within the state. For information about assisted living outside the state, call each area’s local office for the aging. Their phone numbers are available from the Eldercare Locator, ☎ 800/677-1116. *New Lifestyles* publishes free directories of for-profit facilities in some three dozen cities: ☎ 800/869-9549, www.newlifestyles.com

Evaluating a Facility

To reduce the risk of misunderstanding, financial loss, or fraud, study lease contracts carefully. If possible review

them with an attorney who understands your needs and has experience in housing and contract law. Consider these points:

1. What is the cost, item by item, of care at the facility?
2. Which services are covered by the entry fee and monthly charges and which services cost extra?
3. What limitations are placed on the care that is covered by the monthly charges?
4. What is the choice of doctors in the area?
5. Are the residents satisfied with the services they receive?
6. What is the policy toward residents who develop Alzheimer's disease and other serious disabilities?
7. Do the design and management of the facility enable and encourage seriously impaired residents to remain?
8. What modifications can you make in an apartment or cottage to accommodate an impairment?
9. Can you be forced to leave the facility because of an impairment?
10. Who decides if you need a more expensive level of care?
11. Under what circumstances can the monthly charge be increased?
12. Is the facility in sound financial health? Is it likely to remain so in the future?

Free Publications

Assisted Living (contains checklists of questions to ask). Available from the Assisted Living Federation of America, ☎ 703/691-8100, www.alfa.org

HealthAnswers, www.healthanswers.com

Selecting Retirement Housing (publication D 13680). Available to members of the American Association of Retired Persons, ☎ 800/424-3410

Naturally Occurring Retirement Communities (NORCs)

Apartment buildings, housing developments, and housing cooperatives are referred to as NORCs if they are home to a large population of people age 60 and older who originally moved into the facility when younger. Using money from public, private, self-pay, and foundation sources, as well as tenant fundraisers, many NORCs have developed on-site support services for their senior residents.

New York State's NORC Supportive Service Program helps seniors living in NORCs obtain care services that will help them avoid or delay hospital and nursing home stays. The program is administered by the New York State Office for the Aging and includes one-on-one care as well as group services and activities. In 1996 some 2,600 NORC residents statewide received individual care and some 13,000 received group services.

In 1999, 13 housing complexes in New York City were receiving financial assistance under the program:

Bronx	Amalgamated/Park Reservoir Houses Co-op City
Brooklyn	Amalgamated Warbasse Houses Trump Village, Section III
Manhattan	Co-op Village Isaacs Houses and Holmes Towers Morningside Heights Housing Corp. Penn South Co-op Vladeck Houses
Queens	Big Six Towers Clearview Gardens North Queensview Homes Queensview

For more information about the NORC Supportive Service Program call the New York State Office for the

Aging, ☎ 518/474-8388. Two directors of NORC programs in New York City are also available to answer questions: Karen Bassuk, ☎ 212/243-3670, and Beverly Jackson, ☎ 212/360-7620.

Other Congregate Housing

The opportunity for a strong and active senior to move into a facility where he/she can later receive whatever long-term care becomes necessary is not available to most middle- and lower-income seniors. Nor, in most cases, is the one-stop convenience of obtaining comprehensive services from a single housing provider.

Community and home care services are available to those who live “independently” (that is, in nonsupportive housing). However, seniors who rely on publicly subsidized services may find that some of them are not easily available in their neighborhoods, that some have waiting lists, or that the services provided are not adequate.

New York State’s Enriched Housing Program, combined with its Assisted Living Program (both described below), offer housing with comprehensive support services. However, these programs are small and available only to seniors who already have serious needs.

Some of the buildings discussed in chapter 6 provide one or more daily meals in a group setting and, in some cases, other support services. A list of these buildings is available free from the Alzheimer’s Center and Long Term Care Services of the New York City Department for the Aging, ☎ 212/442-3092.

Some of the other buildings discussed in chapter 6 have on-site senior centers where one or more daily meals plus group activities and counseling services are available. There is no directory of these buildings.

Personal-Care Housing

Personal care (often called “custodial” care) consists of help with mobility, bathing, dressing, eating, toileting,

and other routine daily needs. It is provided by workers who are not medical professionals but who are trained to help with daily activities. Personal-care housing provides these types of nonmedical care along with room, meals, and housekeeping. The New York State Department of Health, which regulates facilities of this type, calls them “adult care” or “residential care.”

There are three choices in personal-care housing: (1) family-type homes for adults, (2) enriched housing, and (3) adult homes. Adult homes are “institutional,” meaning that a large number of residents (30–400 in New York City) are cared for together in one facility. Adult homes are designed for people who need a high level of personal assistance (but not skilled nursing). The other two choices are more individualized and “community integrated,” meaning that residents are encouraged to be as independent as possible and to take advantage of community resources such as parks, theaters, shopping districts, and religious institutions.

Family-Type Homes for Adults (FTHAs)

FTHAs are private homes, either houses or apartments, in which one to four adults are provided with a furnished single or double bedroom plus meals, housekeeping, personal care, and supervision. Additional support services, such as social activities, are available at nearby senior centers or other facilities.

FTHA is a type of foster care. Both the host and the home must meet standards set by the New York State Department of Health (DOH). Residents must be continent, able to move about (with a cane or walker, if needed), and not require nursing care.

The cost of FTHA housing is regulated by DOH; in 1999 it was \$669.48 a month. This can be paid from the resident’s private funds or, if the resident qualifies, with assistance from Supplemental Security Income (SSI). The amount of the SSI payment depends on other income the

resident may have. The maximum payment (called “level I SSI reimbursement”) includes the full rent plus a “personal needs allowance” to the resident of \$97 a month.

All placements in FTHAs must be made through New York City’s Human Resources Administration (HRA). For information and placement applications: Division of Family Homes for Adults, HRA, ☎ 212/971-2731

Enriched Housing (EH)

EH is a New York State program that operates in standard apartment buildings. It functions as an alternative to institutional care for frail seniors who do not need the full range of personal care provided in adult homes or the 24-hour medical care provided in nursing homes. EH provides individual or shared apartments, one or more daily meals, help with laundry and housekeeping, some assistance with routine personal tasks, and social services.

To foster a noninstitutional environment, no more than 25 percent of the apartments in any one building may be used for the EH program, which can be operated by the owner of the building or by an outside agency that contracts for the EH apartments. In 1999 there were eight buildings in New York City containing a total of 300 EH apartments.

Most EH residents are age 65 and older, but the program is also available to those who are age 55 and older or disabled. To qualify, a person must be continent, need some help with routine personal tasks, be able to move about (with a cane or walker, if needed), and not require 24-hour medical care.

If a resident’s physical or mental condition worsens so that he/she no longer qualifies for the EH program, the operator must either help the resident find appropriate housing or provide additional support services through the state’s Assisted Living Program (described below).

The EH program accepts either self-pay residents or those who qualify for SSI. The self-pay rate is not regulated.

In 1999 the maximum SSI rate was \$823 a month to the operator and \$132 to the resident (as a “personal needs allowance”). Many residents qualify for additional benefits. There is no state-mandated income limit for EH residents, but the operators of EH programs or the buildings in which they exist may have income limits of their own.

Information on the availability of EH apartments, income limits, and SSI reimbursement can be obtained from the three agencies that operate EH programs in New York City:

New York Foundation for Senior Citizens (five buildings), ☎ 212/369-5523

Jewish Home and Hospital for the Aged (one building), ☎ 212/870-4832

Canarsie Neighborhood Development Corporation (two buildings), ☎ 718/471-2956

Adult Homes

Adult homes provide a private or shared room plus meals served in a dining room, housekeeping, laundry, recreational activities, and personal care and supervision. There are 60 adult homes in New York City. Each accommodates 20–400 or more residents; most accommodate about 200. Some homes are reserved for seniors but most serve a broader population, including adults age 18 and older whose primary disability is developmental.

Nursing and other medical services are not provided by adult homes (unless they have an Assisted Living program) but may be available on a short-term basis, and for an extra fee, from outside healthcare agencies. To qualify for admission residents must be continent, able to move about (with a cane or walker, if needed), and must not be prone to wander.

Free Publication

A Home Away from Home (publication D 12748). Available to members of the American Association of Retired Persons, ☎ 800/424-3410

Cost and Payment Sources

Some adult homes are operated for profit; others are publicly owned or owned by not-for-profit agencies such as religious or fraternal organizations. Self-pay monthly charges range from about \$1,200 to over \$4,000. Payment sources include: (1) self-pay, (2) Supplemental Security Income (SSI), and (3) insurance, including long-term care insurance and those life insurance policies that allow some of the death benefit to be used for long-term care.

Eleven homes in New York City accept only full-pay residents. The other homes accept the reduced fee that SSI provides for residents who cannot afford the full rent. In 1999 the maximum SSI rate, called “level II SSI reimbursement,” was \$823 a month paid to the home plus a “personal needs allowance” of \$112–\$132 a month paid to the resident.

For information about SSI reimbursement: Alzheimer’s Center and Long Term Care Services, New York City Department for the Aging, ☎ 212/442-3092

Finding an Adult Home

Referrals to adult homes often come from social service agencies and hospital discharge planners with whom a prospective resident is already in touch. Other sources of information include word-of-mouth, advertising, and notices posted by religious and fraternal organizations.

Those homes that accept Social Security and SSI as payment-in-full are included in a placement service offered by the New York City Human Resources Administration (HRA), ☎ 212/971-2976. This service, which tracks not only vacancies but also the availability of specialized services, is open to everyone but is most frequently used by people receiving SSI or Public Assistance. The HRA placement application (form 1990M) requests personal, financial, medical, and mental health information plus an evaluation of the applicant’s social and medical needs.

Free Directories

Directory of Adult Care Facilities in New York State. Available from the Office of Continuing Care, New York State Department of Health, ☎ 212/383-1745

Alternatives in Senior Housing. Available from the New York City Department for the Aging, ☎ 212/442-1384

Adult Homes. Available from the Alzheimer's Center and Long Term Care Services of the New York City Department for the Aging, ☎ 212/442-3092

Informational Booklet (Staten Island only). Available from the Staten Island Chapter, Alzheimer's Association, ☎ 718/667-7110

Professional Evaluations of Adult Homes

The Coalition of Institutionalized Aged and Disabled, ☎ 212/481-4348, provides information on individual adult homes, together with inspection and complaint records.

Evaluating an Adult Home on Your Own

Visit several homes, more than once if possible, and consider these points:

1. Is the home located in a convenient and safe neighborhood?
2. Is someone on watch at the home 24 hours a day?
3. Are rooms, hallways, bathrooms, and shared areas clean and free of litter?
4. Are there any unpleasant odors?
5. Are meals appealing and well balanced?
6. Are staff trained to respect races, religions, nationalities, and sexual orientations that are different from their own?
7. Are there regularly scheduled activities that will interest the prospective resident?
8. Is there a residents' council?

9. What does the most recent inspection report say?
10. Can residents bring their own furniture if they wish?
11. Are residents at the home satisfied with the services they receive?

Complaints

People who use the city's HRA placement service should call ☎ 212/971-2976.

The following agencies also investigate complaints:

Coalition of Institutionalized Aged and Disabled, ☎ 212/481-4348

Office of Continuing Care, New York State Department of Health, ☎ 212/383-1745

Ombudsman Program, New York Foundation for Senior Citizens, ☎ 212/962-7817

Medical- and Personal-Care Housing

These facilities fall into two categories: (1) the "Assisted Living Program," which is an add-on medical service available in some adult homes and enriched housing, and (2) nursing homes.

The Assisted Living Program (ALP)

ALP is a New York State program that provides medical services to residents of adult homes and enriched housing, two types of facility that normally offer personal care only. By providing medical services at these facilities, ALP can avoid or delay the transfer of a resident to a nursing home.

ALP's medical services include home health aides, intermittent skilled nursing, medical supplies, personal emergency response systems, and adult day care. To qualify for ALP a person must not be bedfast or chairfast or need 24-hour medical care. However, the person must be

Fire Safety

Because seniors are less mobile than younger people, fire prevention, detection, and escape take on added urgency. When choosing a senior housing facility, always check on fire prevention programs at the facility, fire detection devices, and whether or not there are regular emergency escape drills.

certified by a doctor as medically eligible for placement in a nursing home.

In 1998 six facilities in New York City—all of them adult homes—were certified by the New York State Department of Health to provide ALP services:

Brooklyn	Thomas Jefferson Home for Adults, ☎ 718/649-0700
Queens	Elm York Home for Adults, East Elmhurst, ☎ 718/446-7900 Long Island Hebrew Living Center, Far Rockaway, ☎ 718/327-2700 Madison York Assisted Living, Rego Park, ☎ 718/446-4300 New Central Manor Home, Far Rockaway, ☎ 718/471-7700
Staten Island	Anna Erika Home for Adults, ☎ 718/727-8100

Application for ALP can be made through the facilities that have the program or through a social services agency or hospital discharge planner with whom the patient is already in contact.

Payment for ALP can be made from an individual's private funds, insurance, or (if the individual is receiving

Supplemental Security Income) from Medicaid. Payment for nonmedical services continues to be made through the usual sources—self-pay or level II SSI reimbursement.

Free Telephone Information about ALP

Residential Placement Service, New York City Human Resources Administration, ☎ 212/971-2976
Office of Continuing Care, New York State Department of Health ☎ 518/478-1000

Nursing Homes

Nursing homes provide housing and meals, housekeeping and laundry, personal care and supervision, nursing care and medical supervision, and recreational programs. Some homes offer specialized medical and rehabilitative services—for example, for people with head injuries, people who require a ventilator, people recovering from a stroke, and people with Alzheimer's disease.

In New York City in 1998 there were 6 “public” or government-owned homes, 82 “voluntary” or not-for-profit homes (such as those owned by religious organizations), and 93 “proprietary” or privately owned homes operated for profit. The number of beds in each was 28–816; the most common range was 200–300. The total number of beds in the five boroughs was about 44,000.

Admission Procedure

To be admitted to a nursing home a person must first pass a two-part medical assessment performed by a registered nurse who is certified by the New York State Department of Health to make the assessment. One part of the assessment, the “Patient Review Instrument” (PRI), evaluates a person's medical needs and his/her ability to perform daily tasks such as eating, dressing, bathing, transferring between bed and chair, and toileting. The second assessment, the “Screening Instrument” (usually

referred to as the “Screen”), determines if a person can be cared for in the community with home care services instead of in a nursing home. The Screen takes into account whether or not family and friends are available to help at home.

If the person applying for nursing home care is in a hospital, the discharge planning staff oversees the PRI and Screen process. If the person is at home, a nurse must be called in. Visiting Nurse Services (VNS) is among the home health agencies that can perform the assessment. VNS phone numbers are:

Bronx, Manhattan, Queens	 212/290-3800
Brooklyn	 718/834-8347
Staten Island	 718/720-2245

For people receiving Medicaid, the assessment is paid for by Medicaid; for others there is a charge of \$100–\$120.

If the assessment determines that nursing home care is needed, there is a time limit for finding a home and being admitted, after which a new assessment may be required. The time limit is 30 days for a person currently in a hospital or 90 days for a person living at home.

When a nursing home agrees to admit a patient, he/she or a legal representative signs a contract with the home in which services, costs, and patient responsibilities are stated in detail. The contract must include the nursing home’s plan of care in regard to any special needs the patient has.

Nursing Homes in New York City

Most nursing homes in the city operate at or near capacity. The citywide vacancy rate is often 1 percent or less. It is wise to select several nursing homes as far in advance of need as possible so that the patient can be placed on waiting lists as soon as his/her medical assessment papers have been completed.

Free Directories of New York City Nursing Homes

Finding a Nursing Home in New York State. Available from the New York State Department of Health, ☎ 212/613-4700

How to Choose a Nursing Home: A Guide to Long Term Care in New York City. Available from the United Hospital Fund, ☎ 212/494-0700

Informational Booklet (Staten Island only). Available from the Staten Island Chapter, Alzheimer's Association, ☎ 718/667-7110

Professional Evaluations of Nursing Homes

The following local organizations provide information and inspection reports. When calling, have ready the names of the homes you are interested in and, if possible, the completed PRI and Screen.

The Alzheimer's Center and Long Term Care Services, ☎ 212/442-3092

The Coalition of Institutionalized Aged and Disabled, ☎ 212/481-4348

Friends and Relatives of the Institutionalized Aged, ☎ 212/732-4455, www.fria.org

The following national organization evaluates nursing homes that request evaluation (have ready the name of the home and the city in which it is located):

Joint Commission on Accreditation of Healthcare Organizations, ☎ 630/792-5800, www.jcaho.org

Evaluating Nursing Homes on Your Own

Visit several homes and talk to as many people as possible, including the administrator, the social work director, the nursing director, the medical director, the patients, and other visitors. To avoid confusing one home with an-

other, take notes. Trust your feelings about what you see and hear. A caring home will welcome your visit and your desire to know more.

Consider these points:

1. Is the location convenient for friends and relatives to visit?
2. Are there generous visiting hours?
3. Is the state's inspection report displayed in an easy-to-find place? What does it say? Be suspicious if a home does not give you easy access to the report.
4. Is the home clean? Look at windows, floors, corners, bathrooms, nurses' stations, dining rooms, and visiting areas. Check for unpleasant odors.
5. Is the home comfortable? Does each resident have at least one good chair? Is the indoor temperature comfortable? Are telephones and notice boards accessible to residents in wheelchairs? Are there indoor and outdoor areas for walking, sitting, and socializing?
6. Is the home safe for physically impaired residents? Are corridors wide and unobstructed? Are handrails available in critical places? Is the lighting good? Are exits clearly marked?
7. Are the residents content? Are their clothes neat, clean, and appropriate for the temperature? Do they decorate their rooms, socialize, engage in activities, enjoy mealtimes, and have compatible roommates? Do they appear overly sedated?
8. Do residents have privacy? Does each have his/her own dresser, closet space, and a locked drawer?
9. How do staff greet residents? Do they know residents' names? Do they respond quickly to calls for help? Are they helpful at mealtimes?
10. Are staff trained to respect races, religions, nationalities, and sexual orientations that are different from their own?

11. How is the food? Are meals varied, nutritious, and well presented? Are there alternatives to the main menu?
12. What recreational activities are available? Can residents in wheelchairs participate? What activities are available to those who are bedfast? Are residents taken out into the community? Are programs (other than television) offered inside the home?
13. What medical care is available? Does the same nurse or aide care for a resident during each shift? What therapies, laboratory tests, and prescription drugs are available? Do they cost extra? Do staff doctors visit residents? Does this cost extra? Can a family doctor come to the home?
14. Is the contract clear? Do you understand everything it says?

Free and Low-Cost Publications

Choosing a Nursing Home: A Guide to Quality Care. Available free from the New York State Association of Homes and Services for the Aging, ☎ 518/449-2707

Guide to Choosing a Nursing Home (publication 528C). Available free from the U.S. Consumer Information Center, P.O. Box 100, Pueblo, CO 81002

Helping You Choose Quality Long Term Care. Available free from the Joint Commission on Accreditation of Healthcare Organizations, ☎ 630/792-5800, www.jcaho.org

How to Choose a Nursing Home: A Guide to Long Term Care in New York City. Available free from United Hospital Fund, ☎ 212/494-0700

Making Wise Decisions about Long Term Care (publication D 12435). Available free to members of the American Association of Retired Persons, ☎ 800/424-3410

Placing Your Relative with Dementia in a Nursing Home.

Available free from the Alzheimer's Center and Long Term Care Services of the New York City Department for the Aging, ☎ 212/442-3092

Senior Citizens Handbook (Chapter 4, "Financing and Managing Healthcare"). Available for sale from the New York State Bar Association, ☎ 518/463-3200

Cost and Payment Sources

In 1998, the average charge for a nursing home in New York City was \$7,077 a month or about \$84,924 a year. There may be extra charges for such items as therapies and medications.

There are six ways that nursing home costs are paid: (1) self-pay, (2) Medicaid, (3) Medicare, (4) Medicare managed-care plans (such as HMOs), (5) long-term care insurance, and (6) life insurance that allows some of the death benefit to be used for long-term care.

Self-Pay. If a patient pays all costs out of his/her own pocket, this is called "self-pay" or "private pay." Self-pay rates are not regulated and usually increase at least once a year. Notice of a rate increase must be made in writing at least 30 days before the change. The basic daily rate must cover room and meals, housekeeping, linen, personal care, nursing care, medical records, routine medical services, and recreation.

If a nursing home asks for a prepayment, it can be for no more than three months. If the prepayment is used as security, the money must be deposited by the home in an interest-bearing account for the benefit of the resident. Nursing homes may not ask for or accept donations to assure placement.

Some homes suggest that a patient's private funds be placed in a trust that the home controls. Some suggest that the patient's Social Security checks be paid directly to the home. Such procedures are purely voluntary and cannot be required. Patients have the right to control

their own financial affairs as long as they are willing and able to do so or to assign this responsibility to someone of their own choosing.

Nursing homes usually require full financial disclosure from applicants who will be paying privately. Some 14 percent of people who enter as private-pay residents use up their resources and turn to Medicaid, which pays less than the private-pay rate. For this reason a nursing home needs to know how long a patient will be able to pay the full rate and when the home will need to apply for Medicaid reimbursement. (It is rare and illegal for care to be reduced in any way when a patient changes from self-pay to Medicaid.)

Medicaid. Medicaid eligibility is extremely confusing. These were the asset and income limits in 1999 when one spouse was in a nursing home (the “institutional spouse”) and the other spouse was not (the “community spouse”):

The institutional spouse could have no more than \$3,550 in assets plus a burial fund of \$1,500 and could keep up to \$50 in monthly income as a “personal needs allowance.” If the institutional spouse had a prepaid account for death services, this account could be in any amount; however, it had to be irrevocable (not refundable to the purchaser but still transferable to another death-service provider). The community spouse could keep up to \$81,960 in assets and up to \$2,049 in monthly income. Any income of either spouse that was above these amounts was supposed to be used to pay for the institutional spouse’s care.

In actual practice, Medicaid eligibility is more complex than the above summary. For example:

1. The value of a car and primary residence are among several assets that are not counted. However, the primary residence is exempt only if (a) the institutionalized person (or his/her legal representative) states in writing that he/she intends eventually to

return home, or (b) a spouse or disabled child remains in the home.

2. The community spouse can refuse to contribute anything toward the cost of the institutional spouse's care, in which case only the income and assets of the institutional spouse are counted. However, Medicaid retains the right to sue the community spouse for the costs it has incurred on behalf of the institutional spouse.

Free telephone advice on Medicaid eligibility is available from the Bureau of Medicaid Assistance, ☎ 212/630-1292, the JASA Help Center, ☎ 212/273-5272, and the Alzheimer's Center and Long Term Care Services, ☎ 212/442-3092. Free advice is also available from the city's neighborhood senior centers and from the agencies listed in chapter 14.

Medicare. The following restrictions are placed on Medicare coverage of nursing home care:

1. The patient must have been hospitalized for at least three full days and must be admitted to the nursing home within 30 days of discharge from the hospital.
2. The care given in the nursing home must be for the same condition for which the patient was treated in the hospital or for a condition that arose while the patient was in the nursing home.
3. The patient must require 24-hour skilled nursing that can be provided only in a nursing home. There is no coverage if the patient requires only personal care.

The length of Medicare coverage is based on "benefit periods." A benefit period begins when the patient is admitted to a nursing home. It ends when the patient has been out of the home for 60 consecutive days. After these 60 days have elapsed, a new benefit period can begin.

In a single benefit period Medicare covers the first 20 days in full. For the next 80 days the patient must pay part of the cost (the “copayment,” \$96 a day in 1999). Most Medigap policies cover the copayment. After 100 days the patient must pay all costs.

Free Telephone Information

Empire Medicare Services, ☎ 212/442-8430

The Health Insurance Information Counseling and Assistance Program, ☎ 212/333-5511, <http://aging.state.ny.us/hiicap>

The Medicare Rights Center, ☎ 212/869-3850

Medicare Managed Care Networks. Medicare managed care networks in New York City (such as HMOs) offer full coverage for at least 100 days of Medicare-eligible nursing home stays. However, the facility the patient uses must be part of the plan’s network. In addition, admission to the nursing home must be approved by the plan. (Further information about Medicare managed care networks is given in chapter 10.)

Long-Term Care Insurance. In New York State this insurance pays a minimum of \$50 a day for 12 consecutive months in a nursing home or a minimum of \$100 a day for 24 consecutive months. Most policies pay benefits only after three months, the period covered by Medicare insurance if the patient meets Medicare’s requirements. There are various deductibles and benefit limits, depending on the policy, as well as conditions for which no benefit will be paid. One type of insurance, the Partnership for Long Term Care, works in combination with Medicaid. Insurance options are discussed in more detail in chapter 9.

Complaints

The Ombudsman Program. New York State’s “Long Term Care Ombudsman Program” investigates complaints

about the quality of life and care in nursing homes. Each home is monitored by a trained ombudsman-volunteer, who spends at least four hours a week in the facility to which he/she is assigned. The volunteer is authorized to visit all parts of the facility, to meet and talk with residents, and to help resolve complaints. He/she then reports to a professional supervisor. Ombudsman training includes information on benefit programs, and ombudsmen often represent residents in benefit disputes.

To register a complaint or get further information, call the Ombudsman Program, New York Foundation for Senior Citizens, ☎ 212/962-7817. The state office of the ombudsman program is headquartered in Albany at the New York State Office for the Aging, ☎ 800/342-9871.

Other Agencies. Five other agencies also investigate complaints about nursing home accommodations, food, and services:

Alzheimer's Center and Long Term Care Services, New York City Department for the Aging, ☎ 212/442-3092

Coalition of Institutionalized Aged and Disabled, Brookdale Center on Aging, ☎ 212/481-4348

Office of Continuing Care, New York State Department of Health, ☎ 212/383-1745

Friends and Relatives of the Institutionalized Aged, ☎ 212/732-4455

Joint Commission on Accreditation of Healthcare Organizations, ☎ 630/792-5642 (investigates complaints about homes that are accredited by the commission)

Free and Low-Cost Publications on Patients' Rights

An Easy-to-Read Guide for Residents, Families and Staff: Rules and Regulations Governing New York State Nursing Homes. Available for sale from the Nursing

Home Community Coalition of New York State,
☎ 212/385-0355

HealthAnswers, www.healthanswers.com

The Nursing Home and You: Partners in Caring for a Relative with Alzheimer's Disease. Available for sale from the New York State Association of Homes and Services for the Aging, ☎ 518/449-2707

Nursing Home Life: A Guide for Residents and Families (publication D 13063). Available free to members of the American Association of Retired Persons, ☎ 800/424-3410

Nursing Homes: Getting Good Care There. Available for sale from the National Citizens' Coalition for Nursing Home Reform, ☎ 202/332-2275

Your Rights as a Nursing Home Resident in New York State. Available free from the Bureau of Standards Development, New York State Department of Health, Corning Tower, Albany, NY 12237

Internet Resources



The following websites provide indexes and links to internet resources on aging, including information about long term care, retirement housing, assisted living, and nursing homes:

- Directory of Web and Gopher Aging Sites, www.aoa.dhhs.gov/aoa/webres/craig.htm
- Geroweb, www.iog.wayne.edu/GeroWeb.html
- Internet and E-mail Resources on Aging, www.aoa.dhhs.gov/jpost6/#top (last and final update: 1997)

Paying for Long-Term Care

Most of what is called “long-term care” is not medical care. It does not require the skilled medical services of doctors, nurses, home health aides, and therapists. Instead, it consists mostly of help with routine day-to-day activities such as housekeeping, shopping, cooking, eating, bathing, dressing, toileting, and mobility. Unpaid family and friends are the chief providers of such care. When long-term care is provided by professionals, it is paid for from a person’s (or family’s) private funds and from the sources described below.

Free Publication

Long Term Care: A Guide to Planning for Your Future.
Available from the Health Insurance Information
Counseling and Assistance Program, ☎ 212/333-
5511, <http://hiicap.state.ny.us>

Will I Need Long-Term Care?

Most people who develop serious disabilities do so only after they reach their mid-70s. Nevertheless, everyone over 60 is likely to need some form of long-term care.

The question is: What kind of care and for how long? The possibilities range from a few weeks to a lifetime and from help with household chores to 24-hour supervision, personal assistance, and medical care. Reliable statistics are available only for the most comprehensive and expensive form of long-term care, nursing homes.

Slightly more than half of all women and one-third of all men who are currently age 65 will spend some time in a nursing home. The percentages increase with age.

This does not necessarily mean lifetime care. Some 17 percent of all seniors who enter a nursing home stay less than three months. Most of these seniors are recovering from an illness, accident, or surgery that required a hospital stay (if so, they qualify for Medicare's nursing home benefits). About a third of all seniors who are currently age 65 need to stay longer because of severe disabilities. This brings the average stay to two and a half years. However, keep in mind that two out of three seniors currently age 65 will spend no more than three months in a nursing home or will spend no time in one.

Family units, as opposed to individuals, are more likely to be affected by the need for nursing home care. Seventy percent of couples age 65 and older can expect at least one spouse to require nursing home care (though not necessarily for more than three months). Among married children where there are four living parents age 65 and older, 90 percent can expect at least one parent out of the four to need nursing home care (though, again, not necessarily for more than three months).

What Does Long-Term Care Cost?

In 1998 the average self-pay cost of nursing-home care in New York City was \$7,077 a month or \$84,924 a year. The average cost of an adult home was about \$1,500 a month or \$18,000 a year.

The cost of home care depends on a senior's needs and on how much help family and friends can provide. A

visit by a registered nurse costs about \$150 per visit. A four-hour visit by a home health aide or home attendant costs about \$80 per visit. A four-hour visit by a housekeeper costs about \$40 per visit. Physical therapists, escorts, home-delivered meals, medical equipment, emergency response systems, and other support services may be needed. The total cost of comprehensive home care should be 25 to 50 percent less than the cost of a nursing home, or about \$116–\$174 per day.

Medicaid

Medicaid covers the cost of 80 to 85 percent of all professional long-term care in New York State (including both nursing homes and home care). Because of the high cost of professional care, many people who pay for it privately and need care for a long period of time eventually use up their resources and turn to Medicaid. For information about Medicaid benefits and eligibility, see chapter 10 or call:

Alzheimer's Center and Long Term Care Services of
the New York City Department for the Aging, ☎ 212/442-3092

Bureau of Medicaid Assistance, ☎ 212/630-1292

JASA Help Center, ☎ 212/273-5272

Supplemental Security Income (SSI)

SSI, a program of the Social Security Administration, pays the rent and a personal needs allowance for eligible residents of many long-term care facilities. These include family-type homes for adults, enriched housing, adult homes, and apartments that are part of the state's Assisted Living Program. Information about these facilities is given in chapter 8. Information about SSI eligibility is given in chapter 12. Information about SSI payment for long-term care is given in chapter 8.

Medicare

Medicare, along with Medigap and Medicare managed care networks (such as HMOs), provides nursing home and home care benefits—but only if a patient needs skilled professional medical attention. The nursing home benefit is usually restricted to 100 days or less following a hospital stay, and the home care benefit is available only on a part-time basis (but with no limit on the number of days). Medicare does not pay for assistance with the routine activities of daily living unless a patient also needs skilled medical care.

Department of Veterans Affairs (VA)

The VA provides nursing home and home care benefits based on a seven-tier priority system. Veterans are assigned to a priority group when they enroll for VA health-care, which can be done at the time they need care or in advance of need. Enrollment applications are available at VA healthcare facilities or by calling the enrollment hotline, ☎ 877/222-8387. (Veterans who have received VA healthcare since October 1996 are already enrolled.)

Nursing home care for service-related disabilities, if granted, is provided for as long as necessary; for nonservice-related disabilities it is normally restricted to six months. Home care is usually granted only to those veterans whose income is less than the maximum VA pension.

The spouse of a deceased veteran, in addition to receiving survivor benefits, receives a separate monthly benefit if he/she is in a nursing home, needs home care, or is permanently homebound.

Workers' Compensation Board

In New York State a worker who is injured on the job or who becomes disabled by a work-related occupational disease is entitled to medical treatment and, possibly, to

cash benefits. In the case of an occupational disease (such as asbestosis in a person who worked at asbestos removal), the worker must apply for benefits within two years of learning that his/her disease is work-related.

For information: Workers' Compensation Board,  718/802-6600

Assisted Living Contracts

The entrance fee and monthly charges for “life-care” and “continuing-care” housing pay for long-term home and institutional care. The extent of care depends on the facility and on the rental contract. The monthly fees for “assisted-living” facilities include services such as housekeeping, meals, transportation, and limited personal assistance. Again, the extent of care depends on the facility and on the rental contract. Housing of these types is described in chapter 8.

Life Insurance

Some life insurance policies allow the policyholder to withdraw 50 percent or more of the death benefit to pay for long-term care.

Corporate and Union Retiree Health Insurance

Some corporate and union health insurance plans offer long-term care benefits to employees and their families, including limited nursing home and home care benefits.

Long-Term Care Insurance

Some forms of long-term care—especially nursing homes—are so expensive that they can use up a person's entire income and life savings. If this happens, personal and medical care, food, clothing, and shelter are still provided, paid for by Medicaid and SSI, but financial inde-

pendence and the lifestyle and healthcare choices it permits are lost. If a person's income and assets are high enough to make long-term care insurance cost-effective, this insurance may be sufficient to ensure independence.

How Likely Am I to Need Long-Term Care Insurance?

All insurance is a gamble based on risk. Insurance companies know how to write policies that (given a large number of customers and good money management) will earn more money for the company than it has to pay out to policyholders. Consumers are at a disadvantage, partly because they have less knowledge and partly because individual risk (as opposed to large-group risk) is much harder to predict. In some cases an individual's risk may be clear—for example, if there is a family history of Alzheimer's disease or a family history of longevity with increasing frailty or a personal history of health problems.

Most policies pay nothing for the first 2–12 weeks of home care or the first three months of a nursing home stay. Therefore, the question of likelihood may need to be rephrased: How likely am I to need insurance that pays nursing home benefits only after three months?

One answer is that two-thirds of all seniors who are currently age 65 will spend either no time in a nursing home or less than three months in one. Most seniors who spend three months or less in a nursing home are there after a hospital stay and qualify for Medicare coverage. Their maximum out-of-pocket costs will be around \$7,000. Seniors who have Medigap coverage for nursing home stays may have no out-of-pocket costs. Some Medicare managed care networks also cover some or all of the out-of-pocket costs.

Am I Likely to Benefit from Long-Term Care Insurance?

Reducing out-of-pocket costs is the purpose of long-term care insurance. In theory this can enable a person (1) to

Protecting Yourself from Insurance Swindles

- Never let a sales agent pressure you into making a quick decision.
- Ask for an outline of coverage that you can study at your leisure. If an agent does not provide one, don't deal with that agent.
- Never believe claims that a policy can be offered only once or only for a short time.
- Beware of agents who suggest that a government agency recommends their company or the policies they sell. A policy may meet the minimum requirements of a regulatory agency, but this does not mean the agency recommends it.
- Beware of any agent who says you don't need to disclose a health problem or that he/she will do you a favor by not reporting a health problem. Any false or incomplete statements on the application can disqualify you from receiving benefits even though you pay the premiums.
- If your questions aren't answered or are answered in a way you can't understand, be suspicious. Call the insurance company and ask if the agent is authorized to sell their policies.
- Never pay an agent in cash. Pay only by check made out to the company (never the agent).

maintain financial independence, (2) to maintain complete freedom of choice in the kinds of care received, (3) to avoid burdening family and friends, and (4) to preserve assets for beneficiaries.

However, long-term care insurance that pays benefits high enough to achieve these goals (should care be needed) is expensive, may have costly deductibles, and may require copayments. In general you should consider

buying insurance only if (1) you have a current and retirement income of at least \$30,000 a year, (2) you have assets (not counting a home and car) of at least \$75,000, and (3) it is important to you that your assets be preserved for your beneficiaries.

If income and/or assets are below the levels stated, insurance may not achieve the desired goals. This is because:

1. The premiums may be more than you can afford to spend out of your income. You may have to use some of the assets you want to protect.
2. If you have not come from a hospital, you will have to use income and possibly assets to pay for the waiting period (as much as \$20,000 or more); if you have come from a hospital, the out-of-pocket charge for the waiting period could still be as much as \$7,000.
3. The daily copayments may be more than you can afford out of your income. You may have to use some of the assets you want to protect.
4. The cost to you of a very long stay (after the insurance runs out) could take all of the income and assets you want to protect.

Medicare coverage (with or without Medigap insurance) may be as much protection as you need or can wisely afford. In addition, Medicaid assistance is available if your personal funds run out. (Keep in mind that Medicaid allows significant exceptions to its asset and income limits.)

Publications Evaluating the Cost-Effectiveness of Insurance

Before You Buy: A Guide to Long Term Care Insurance (publication D 12893). Available free to members of the American Association of Retired Persons, ☎ 800/424-3410

Long Term Care: A Dollar and Sense Guide and *Private Long Term Care Insurance: To Buy or Not to Buy?* Both available for sale from United Seniors Health Cooperative, ☎ 202/393-6222, www.ushc-online.org

Free Telephone and Internet Information

Health Insurance Information Counseling and Assistance Program, ☎ 212/333-5511, <http://hiicap.state.ny.us>

New York State Insurance Department Consumer Hotline, ☎ 800/342-3736

What Does Long-Term Care Insurance Cover?

There are many insurance options, and it takes both time and math skills to evaluate them. No policy covers all the costs, and some insurance options have no practical benefit.

In New York State there are two types of insurance: regular and Partnership for Long Term Care. Regular insurance is available in four forms, each of which includes a choice of many different benefit packages. The four forms of regular insurance are: (1) “long-term care,” (2) “nursing home and home care,” (3) “nursing home only,” and (4) “home care only.”

The insurance called “Partnership for Long Term Care,” is designed for upper-income seniors and is linked to the state’s Medicaid program. Under its terms a person may keep all of his/her assets if insurance benefits run out and Medicaid assistance is needed. Because of its special features, Partnership insurance is discussed below in a separate section.

The Waiting Period and Its Cost to the Policyholder

Under the terms of most policies, the policyholder must pay all nursing home and home care costs for the first three months. If the plan of care includes skilled med-

ical attention, Medicare-based insurance options (including Medigap and Medicare HMOs) may pay all or part of the costs during this period. Custodial care (where skilled medical attention is not needed) is not covered by Medicare.

If skilled medical care is needed after a hospital stay, the cost to those with Medicare coverage may be \$7,000 or more for each full waiting period; under some Medigap plans there is no cost. If only custodial care is needed, the cost is about \$20,000.

“Long-Term Care” Policies

This is the most comprehensive type of insurance. It provides not only nursing home and home care benefits but also payment for such services as care management counseling, adult day care, respite care, hospice care, home modifications (such as a wheelchair ramp) “assisted-living” residences, and emergency response systems.

If purchased at age 60, a policy of this type that fully covers a nursing home stay of five years costs close to \$3,000 a year. A policy in this price range usually provides no coverage for the first three months of each nursing home stay. A shorter waiting period requires a higher premium. The home care benefit may also have a waiting period and may not fully cover the actual cost when benefits begin. The policy may include a yearly increase in the benefit rate to make up for inflation. If purchased at age 55, the policy will cost about \$2,200 a year; at age 65, close to \$4,000 a year.

Many alternative benefit packages are available. A cheaper alternative would pay only 30 percent of what a nursing home actually charges. If purchased at age 60, the premium for this policy could be less than \$1,000 a year. However, the policyholder would have to pay not only for the waiting period but also \$150 or more per day for costs not covered in the benefit package. The payments for home care might not begin for several weeks and could be less than one-third of the actual charges.

“Nursing Home and Home Care” Policies

Most of these policies, in addition to nursing home and home care benefits, also provide payments for “alternate-care” facilities and for such services as adult day care, respite care, and medical equipment that enables the policyholder to stay at home.

If purchased at age 60, a policy of this type that pays \$200 a day for a nursing home stay and \$100 a day for home care for three years costs about \$2,500 a year. Most policies in this price range provide no coverage for the first three months of home or nursing-home care. The policy may include a yearly increase in the benefit rate to make up for inflation. If purchased at age 55, the policy will cost about \$1,700 a year; at age 65, about \$3,500 a year. A shorter waiting period will cost more.

Many alternative benefit packages are available. One cheaper alternative would pay \$50 a day for a nursing home stay and \$30 a day for home care. If purchased at age 60, the premium for this policy would be about \$650 a year.

“Nursing Home Only” Policies

Most of these policies, in addition to nursing home benefits, also provide payments for “alternate-care” facilities.

If purchased at age 60, a policy of this type that covers fully for five years the average cost of a nursing home stay costs close to \$2,700 a year. Most policies provide no coverage for the first three months of each nursing home stay. The policy may include a yearly increase in the benefit rate to make up for inflation. If purchased at age 55, the premium for this policy would be about \$2,000 a year; at age 65, close to \$4,000 a year.

Many alternative benefit packages are available. One cheaper alternative would pay \$70 a day. If purchased at age 60, the premium for this policy would be about \$900 a year; at age 65, about \$1,200 a year.

“Home Care Only” Policies

These policies cover only home care but may include adult day care for an additional charge. If purchased at age 60, a policy of this type that pays \$200 a day for three years costs about \$1,500 a year. Most policies provide no coverage for the first 15 days. The policy may include a yearly increase in the benefit rate to make up for inflation. If purchased at age 55, the premium would be about \$1,200 a year; at age 65, about \$2,000 a year.

Many alternative benefit packages are available. One cheaper alternative would pay \$40 a day. If purchased at age 60, the premium for this policy would be close to \$300 a year; at age 65, about \$350 a year.

Free and Low-Cost Publications on Insurance Choices

Insurance Policies Covering Long Term Care Services in New York State (contains sample policies and premiums). Available free from the New York State Insurance Department, ☎ 212/602-0473

Long Term Care Insurance: A Professional's Guide to Selecting Policies. Available for sale from United Seniors Health Cooperative, ☎ 202/393-6222, www.ushc-online.org

Free Telephone and Internet Information

Health Insurance Information Counseling and Assistance Program, ☎ 212/333-5511, <http://hiicap.state.ny.us>

New York State Insurance Department Consumer Hotline, ☎ 800/342-3736

Partnership for Long-Term Care Insurance

The principal objective of Partnership insurance is asset protection. If and when the Partnership benefits run out,

the policyholder qualifies for extensive Medicaid benefits without being required to spend down assets to the Medicaid level. Income must still be used to help pay for care, but assets need not be touched; they are fully protected. A Partnership policy may be used to pay for long-term care outside New York State, but the Medicaid asset-protection feature is available only if the policyholder applies for Medicaid assistance in New York and is a legal resident of the state.

There are many Partnership benefit packages, and they are all at least as comprehensive as those for the “long-term care” insurance category described above. All policies cover at least three years in a nursing home or six years of home care (or a pro-rated combination of the two). The Medicaid benefits that follow when Partnership benefits are exhausted include prescription drugs, medical equipment, dental care, eyeglasses, doctors, and hospital services in addition to continued long-term care.

The questions already posed regarding the likelihood of needing long-term care and the cost-effectiveness of insurance apply also to Partnership policies. But because these policies cost some 30 percent more than those in the “long-term care” insurance category, two further questions need to be asked: (1) How important is it that my financial assets be protected? and (2) Is my income high enough to pay for the premiums, the waiting period, and the daily copayments? If assets as well as income will be needed to pay these costs, then the insurance may not be worthwhile.

Free Publication on Partnership Insurance

Consumer Booklet: Affordable Financing for Long Term Care. Available from the New York State Insurance Department, ☎ 212/602-0473

Free Telephone and Internet Information

Health Insurance Information Counseling and Assistance Program, ☎ 212/333-5511, <http://hiicap.state.ny.us>

New York State Partnership for Long-Term Care Consumer Hotline, ☎ 888/697-7582

Shopping for Insurance

1. Know as clearly as possible what your healthcare needs and financial resources are likely to be now and in the future.
2. Contact several agents and companies.
3. Compare policies for both benefits and premiums. Identical policies often sell for different prices.
4. Be sure you understand every requirement that must be fulfilled before a benefit payment will be made.
5. Never buy more than one policy.
6. When you receive the printed policy (which should arrive within 60 days of purchase), read it carefully. Read again the application you signed. Be sure that everything is correct and as you want it to be. If anything is wrong, call the insurance company immediately.

Free Publications

Before You Buy: A Guide to Long-Term Care Insurance (publication D 12893). Available to members of the American Association of Retired Persons, ☎ 800/424-3410

A Shopper's Guide to Long Term Care Insurance. Available from the National Association of Insurance Commissioners, ☎ 816/842-3600

Professional Evaluations of Insurance Companies

The following private agencies grade the financial health of insurance companies, which is an important measure of their reliability. These ratings may be available at your neighborhood library in the business section. They are also available by calling the numbers below. Because each

agency uses its own rating system, always ask what the ratings mean.

Fitch Investors Service, ☎ 212/908-0500

Moody's Investors Service, ☎ 212/553-1653

Standard and Poor's Insurance Ratings Service, ☎
212/208-1527

Weiss Research, Inc., ☎ 800/289-9222

Tax Breaks for Policyholders

Federal

Long-term care insurance benefits in any amount are nontaxable if they are paid under one insurance policy and if the person receiving the benefits is both chronically ill and receiving care prescribed by a licensed healthcare worker. If more than one insurance policy is involved, then benefits above \$180 a day are taxable.

Contributions by employers for long-term care insurance premiums are not taxable.

Unreimbursed expenses for long-term care can be included in the itemized medical deduction.

The premiums paid by an individual for long-term care insurance can be included in the itemized medical deduction up to these limits (1998 figures): (1) for someone age 51–60, \$770; (2) for someone age 61–70, \$2,050; and (3) for someone over age 70, \$2,570.

New York State and City

New York State and City income taxes are based on the federal "Adjusted Gross Income," which includes the tax breaks for benefits and employer-paid premiums described above. For this reason these tax breaks apply automatically to state and city taxes.

The premiums paid by an individual for long-term care insurance are deductible up to the limits given above, but not in the same way as they are on federal tax

forms. Instead of being included among itemized medical deductions, they are entered on page 1 under “New York Adjustments” and are called a “modification” rather than a “deduction.” Because of this difference, a taxpayer can claim the “modification” whether or not other “deductions” are itemized.

Internet Resources



The following websites provide indexes and links to internet resources on aging, including information about long-term care and long-term care insurance:

- Directory of Web and Gopher Aging Sites, www.aoa.dhhs.gov/aoa/webres/craig.htm
- Geroweb, www.iog.wayne.edu/GeroWeb.html
- Internet and E-mail Resources on Aging, www.aoa.dhhs.gov/jpost6/#top (last and final update: 1997)



Healthcare Choices

Healthcare Programs

Medicare


Medicare is the national health insurance program for people age 65 and older, the disabled, and some 200,000 people with end-stage kidney disease. About 39 million people are covered. In 1997 the average beneficiary nationwide received about \$5,000 worth of Medicare services.

The benefits under Medicare are grouped into two sections: Part A and Part B. Part A is paid for by a 1.4 percent tax on all wages (2.9 percent for the self-employed). This money is held in the Hospital Insurance Trust Fund. Part B is paid for partly by monthly premiums (25 percent) and partly by general funds from the U.S. Treasury (75 percent).

Who Is Eligible?

A person who is not disabled is eligible to receive Medicare benefits if he/she is (1) 65 or older, and (2) qualifies for Social Security, Railroad Retirement benefits, or Civil Service Retirement benefits. Also eligible at age 65 is the spouse or surviving spouse of an eligible person.

Medicare Reminders

- Keep a photocopy of your Medicare card with you at all times. If the original is lost or stolen, replace it immediately by calling Social Security.
- Keep a record of all your medical expenses. Include dates, services provided, and charges.
- If you receive a billing statement from Medicare containing false charges or other false information, call the Inspector General of the U.S. Department of Health and Human Services,  800/447-8477.


A disabled person is eligible at any age if he/she (1) has received Social Security or Railroad disability payments for at least 24 months, or (2) has chronic kidney disease.

Others may enroll in Medicare at age 65, but they will be charged a premium for Part A (\$170–\$309 a month in 1999) as well as the regular premium for Part B.

How and When to Enroll in Medicare

If, at age 65, you are already receiving Social Security, Civil Service, or Railroad Retirement payments, you automatically will be enrolled in Medicare. Your Medicare card will be mailed to you about three months before you turn 65.

If you are disabled, you automatically will be enrolled in Medicare after you have received Social Security or Railroad disability payments for 24 months.

If, at age 65, you are not already receiving Social Security, Railroad, or Civil Service retirement payments, you must apply for Medicare at a Social Security office (for information and the office nearest you call  800/772-1213, TDD 800/325-0778). You should apply three months before you turn 65 or, at the latest, within four

months after you turn 65. If you miss this seven-month enrollment period, you will have to wait until the next “general enrollment” period, which occurs each year from January through March.

Part A

Part A is provided without charge to those who meet the eligibility requirements stated above. Those age 65 or older who do not qualify for Social Security benefits may purchase Part A coverage for \$170–\$309 a month. Part A covers institutional services provided by hospitals, nursing homes, and hospice programs. Until 1998 all home care services were included in Part A; they now are being transferred in stages to Part B.

Hospital Care

Hospital benefits depend on the length and timing of a hospital stay. For the first 60 days Medicare pays all hospital costs except for the first \$768 (1999 amount), which the patient must pay. This is called the “deductible.” If you remain in a hospital beyond 60 days, you must pay \$192 a day for the next 30 days. This is called the “copayment.” If you remain even longer (that is, beyond the 60 plus 30 days), you must pay the full cost for each new day. However, Medicare provides a lifetime allowance of 60 “reserve” days during which you make copayments of \$384 a day and Medicare pays the rest.

Once you have been out of the hospital for 60 consecutive days, Medicare’s hospital benefits (60 days plus 30 days) can begin again in full. (However, reserve days will continue to be limited to no more than 60 during your lifetime.)

If you are readmitted to a hospital before the 60-day waiting period expires (that is, within 60 days after discharge), Medicare’s coverage continues as though it had not been interrupted. Your available coverage at readmission is limited to whatever remains of your initial 60

Professional Advice on Hospitals

The Joint Commission on Accreditation of Healthcare Organizations, ☎ 630/792-5800, www.jcaho.org, evaluates hospitals that request evaluation. Its reports (an “accreditation status” and a “performance report”) are available free. (Have ready the name of the hospital and the city in which it is located.)

Free Publications

Helping You Choose the Hospital for You. Available from the Joint Commission on Accreditation of Healthcare Organizations, ☎ 630/792-5800, www.jcaho.org

Know Your Rights When You Are in the Hospital. Available free from the New York StateWide Senior Action Council, ☎ 212/316-9393

days of full coverage, 30 days of partial coverage, and/or 60 days of reserve coverage.

Hospital coverage includes a shared room (or a private room if it is medically necessary), meals, regular nursing services, rehabilitation services, drugs, medical supplies, laboratory tests, X-rays, the use of operating and recovery rooms, and the use of intensive and coronary care facilities. Part A does not cover doctors’ fees, a private duty nurse, or personal conveniences such as a telephone or television.

Where to File Complaints about Hospital Admissions, Discharges, and Quality of Care

Island Peer Review Organization, ☎ 800/446-2447
Patient’s Rights Hotline, ☎ 212/316-9393

Nursing Home Care

Most nursing home care is “custodial”—such as help with eating, bathing, dressing, walking, and toileting. If this is all that a patient needs, Medicare does not pay for it.

What Medicare does pay for is skilled nursing or rehabilitation after a hospital stay. These services must be needed and performed on a daily basis by, or under the supervision of, a licensed nurse. In addition:

1. You must be in a hospital at least three consecutive days before entering the nursing home.
2. In most cases you must enter the nursing home within 30 days after leaving the hospital.
3. The condition for which you are treated in the nursing home must be either the same condition for which you were treated in the hospital or one that arose while you were in the nursing home.
4. A medical professional must certify that skilled nursing care is required.

As with hospital coverage, Medicare’s nursing home benefits depend on the length and timing of a stay. For the first 20 days Medicare pays all costs. After 20 days, you must pay (1999 amount) \$96 a day (the “copayment”) for the next 80 days. If you remain longer (that is, beyond the 20 plus 80 days), you must pay the full cost for each new day. (Medicare does not provide “reserve” days for nursing home care.)

Once you have been out of the nursing home for 60 consecutive days, your benefit period ends. To again receive coverage for nursing home care you must be admitted to a hospital, stay there for at least three consecutive days, and once again meet the other eligibility requirements stated above.

If you are discharged from a nursing home and then readmitted for the same medical condition within 60 days, Medicare’s coverage continues as though it had not been interrupted. Your available coverage at readmission

is limited to whatever remains of your 20 days of full coverage plus 80 days of partial coverage.

Home Care

Medicare covers all “reasonable” home medical services for as long as they are “necessary” if:

1. You cannot leave home without assistive devices (crutches, a walker, a wheelchair) and/or personal assistance.
2. You require no more than 28–35 hours of care per week.
3. You require no more than eight hours of care per day.
4. The care you need requires the skills of a nurse, home health aide, licensed therapist, and/or medical social worker.
5. Your doctor certifies that you need skilled home health care and sets up a plan for this care.
6. The care is provided by a “certified home health agency.”

There are no deductibles or copayments except for durable medical equipment such as wheelchairs and hospital beds. No prior hospital or nursing home stay is required.

Transfer of Home Care Benefits to Part B. Most of Medicare’s home care benefits are being transferred from Part A to Part B. (The process began in 1998.) When the transfer is completed, Part A will cover home care only for 60 days and only following a hospital or nursing home stay of at least three days. Covered care under Part A will be restricted to 100 visits. (A “visit” is usually four hours.) All other home care will be covered under Part B. The transfer will not affect the amount of care provided, but it will result in an increase in Part B premiums, which must cover 25 percent of all Part B costs nationwide.

Geriatrics and Gerontology

Geriatrics is the medical specialty that deals with the healthcare of seniors. Gerontology is the field of learning and research that studies aging from many points of view, including biology, sociology, psychology, healthcare, religion, public policy, entitlement programs, community services, and economics.


Hospice Care

Hospice is available to patients in the last phases of incurable disease (most commonly cancer, heart disease, and AIDS). Attempts to cure the disease are replaced with steps to make the final weeks of life as comfortable as possible. Hospice care includes medications to relieve pain, depression, and other symptoms; counseling to prepare the patient and family for death; homemaking services; and help with end-of-life legal and financial planning. Most hospice care is provided at home, if possible in partnership with family caregivers and/or friends.

Medicare pays in full for most hospice expenses if (1) a doctor certifies that the patient has six months or less to live, (2) the patient (or legal representative) chooses hospice to replace curative treatment, and (3) care is provided by a Medicare-certified hospice program.

Copayments of \$5 may be charged for some drugs. Up to five days of respite care are available for a copayment of \$5 per day. (Respite is a temporary transfer of caregiving responsibilities from family and friends to paid professionals.)

Free Counseling on Medicare Part A Benefits

Empire Medicare Services walk-in counseling center,
800 Second Avenue (near 43rd Street), Manhattan,
 212/476-2288, www.empiremedicare.com

Health Insurance Information, Counseling and Assistance Program, 212/333-5511, ☎ <http://hiicap.state.ny.us>

JASA Help Center, ☎ 212/273-5272

Medicare Hotline, ☎ 800/638-6833 or 633-4227

Patient's Rights Hotline (for hospital benefits), ☎ 212/316-9393

Financial Assistance for Part A Costs

The “Qualified Medicare Beneficiary Program” (QMB) is a *Medicaid* program that pays all of Medicare’s Part A and Part B premiums, deductibles, and copayments. Under the QMB program, healthcare providers must accept New York State’s Medicaid payment schedule as payment-in-full.

In 1999 the Medicare beneficiary had to meet these income and asset requirements:

1. a monthly income of \$707 or less for a single person, \$942 or less for a couple
2. savings and other resources of no more than \$4,000 for a single person, \$6,000 for a couple (the value of a home and car are not counted, nor is a burial fund up to \$1,500 per person)

For information and applications: New York City Human Resources Administration, ☎ 718/291-1900, or the state Medicaid office, ☎ 212/613-4330

Part B

Part B covers a long list of items and services not included in Part A. The most important is doctors’ fees. A detailed list of Part B benefits is included in *Your Medicare Handbook*, available free from Social Security, ☎ 800/638-6833.

Most home care coverage, which used to be covered under Part A, is being transferred to Part B. (When the

Professional Help with Medical Claims and Appeals

For a monthly fee of \$15, Medical Bill Minder, a health insurance claims service, will help organize a patient's payment records and also file claims and appeals. For information: ☎ 800/659-3171

Help with filing claims and appeals, settling disputed medical bills, and evaluating insurance coverage is available for \$25–\$75 an hour from independent claims “processors,” “adjusters,” and “consultants.” The most knowledgeable of these people usually have experience filing insurance claims for a hospital or doctor's office or processing claims for an insurance company. Referrals to claims processors are often available from corporate and union benefit offices and from doctors, accountants, and elder law attorneys.

The National Association of Claims Assistance Professionals provides the names and phone numbers of its members. Address inquiries to the association, Suite 102, 5329 S. Main Street, Downers Grove, IL 60515.

transfer is completed, Part A will cover home care only if it follows a hospital or nursing home stay; Part B will cover all other approved home care.)

There is a monthly premium for Part B coverage (\$45.50 in 1999). By law, the money collected from premiums must cover 25 percent of the total cost of Part B benefits nationwide. Unless otherwise instructed, Medicare deducts the premium automatically from Social Security payments.

Enrollment in Part B is not required (some 4 percent of Medicare beneficiaries nationwide do not enroll in Part B). Those who do not enroll must pay all of Part B's covered costs out of their own pocket, and they can be charged whatever a doctor or other provider wishes. (Part B enrollees can be charged no more than Medicare allows.) In addition, those who do not enroll in Part B may not purchase Medigap insurance and may not participate in a "Medicare+Choice" option (such as an HMO).

The costs to the patient of Part B services, in addition to the monthly premiums, include (1) the first \$100 each year of Part B expenses (the "deductible"), (2) 20 percent of most Part B expenses over the \$100 deductible (the "coinsurance"), and (3) a percentage of outpatient hospital care.

Outpatient Hospital Care. At present Medicare pays hospitals 80 percent of its "approved amount" for outpatient services but does not restrict what hospitals charge patients for these services. Consequently, patients pay 20 percent of the approved amount plus whatever additional amount the hospital charges. This practice will end beginning in 1999, and by 2002 patients will pay only 20 percent of the total charge.

Doctors' Fees

Medicare sets limits (called the "approved amount") on what you and Medicare can be charged for Part B services. Doctors' fees are included in the cost cap, and doctors have four choices in dealing with Medicare patients:

1. A doctor can sign a contract with Medicare, agreeing always to accept Medicare's approved amount as payment-in-full. A doctor who agrees always to accept the approved amount has "accepted assignment."
2. A doctor can accept assignment for selected patients even though he/she has not signed a contract to accept assignment for all patients. Such case-by-

case decisions must be worked out between each patient and each doctor.

3. A doctor can refuse to accept assignment but agree to treat a Medicare beneficiary. In this case the doctor has two choices:
 - a. The doctor can bill Medicare for its share of the approved amount (80 percent) and bill the patient for the remaining 20 percent plus no more than 5 percent (New York State rule) above the Medicare limit. For some visits where no medical procedure is performed, the doctor can charge the patient 15 percent above the Medicare limit.
 - b. The doctor can remove him/herself entirely from the Medicare system and charge whatever he/she wishes. Patients who use these doctors receive no Medicare or Medigap coverage for any services these doctors provide. (However, patients can still obtain Medicare reimbursement for services provided by other doctors.)

Doctors and medical suppliers who have signed contracts to accept assignment for all Medicare patients are called “participating.” For their names, addresses, and phone numbers:

Bronx, Brooklyn, Manhattan, and Staten Island residents call Empire Medical Services, ☎ 800/442-8430

Queens residents call Group Health Inc., ☎ 212/721-1770

Free Counseling on Medicare Part B Benefits

Empire Medicare Services walk-in counseling center,
800 Second Avenue (near 43rd Street), Manhattan,
☎ 212/476-2288, www.empiremedicare.com

Health Insurance Information, Counseling and Assistance Program, ☎ 212/333-5511, <http://hiicap.state.ny.us>

JASA Help Center, ☎ 212/273-5272

Medicare Hotline, ☎ 800/638-6833 or 633-4227

Financial Assistance for Part B Costs

Four separate *Medicaid* programs pay part or all of Medicare's Part B costs:

1. The QMB program (described above under “Financial Assistance for Part A Costs”) pays all of Medicare's Part B costs.
2. The “Specified Low-Income Medicare Beneficiary Program” (SLIMB), pays all of the Part B premium but not the deductibles and copayments. It is available to those who (a) are enrolled in Part A, (b) are not eligible for regular Medicaid, and (c) have cash resources (not including a burial fund) of no more than \$4,000 for a single person, \$6,000 for a couple. To qualify in 1999, monthly income had to be \$708–\$844 for a single person, \$943–\$1,126 for a couple.
3. The “Qualifying Individuals 1” program pays all of the Part B premium. It is available to those who (a) are enrolled in Part A, (b) are not eligible for regular Medicaid, and (c) have cash resources (not including a burial fund) of no more than \$4,000 for a single person, \$6,000 for a couple. To qualify in 1999 monthly income had to be \$927 or less for a single person, \$1,245 or less for a couple. Money for the program is limited, and applications are accepted on a first-come, first-served basis. Everyone must reapply each year. Priority is given to those who received assistance in the previous year.
4. The “Qualifying Individuals 2” program pays for the increase in Part B premiums resulting from the transfer of home care benefits from Part A to Part B. It is available to those who (a) are enrolled in Part A, (b) are not eligible for regular Medicaid,

and (c) have cash resources (not including a burial fund) of no more than \$4,000 for a single person, \$6,000 for a couple. To qualify in 1999 monthly income had to be \$1,202 or less for a single person, \$1,613 or less for a couple. Money for the program is limited, and applications are accepted on a first-come, first-served basis. Everyone must reapply each year. Priority is given to those who received assistance in the previous year.

For information and applications: New York City Human Resources Administration, ☎ 718/291-1900, or the state Medicaid office, ☎ 212/613-4330

Insurance to Supplement Fee-for-Service Medicare

Under “fee-for-service” (also called “traditional”) Medicare, you and Medicare pay for each visit to a doctor as well as for each additional Part A or Part B benefit. Fee-for-service Medicare covers only some healthcare needs. Sometimes the length of coverage is limited, as with the number of hospital days Medicare pays for. Sometimes there is a yearly limit on how much Medicare will pay, as for physical or occupational therapy. Sometimes the payment is only partial, as with services that require the beneficiary to pay deductibles and copayments. Some needs are not covered at all, such as prescription drugs, routine physical exams, eye exams, and dental care.

Employee group health plans (EGHPs) often contain coverage not included in Medicare, in which case they function as supplemental insurance. (If an EGHP duplicates Medicare coverage, it becomes the primary payer of benefits; what Medicare pays depends on how much coverage the EGHP provides.)

Private supplemental insurance covers many of Medicare’s gaps. Some of this insurance is broadly targeted while other insurance is single targeted.

Free Drugs for Low-Income Seniors

Drug manufacturers have “indigent patient programs” (IPPs) under which more than 300 drugs commonly prescribed for seniors are made available free of charge. These programs are limited to those patients who (1) have yearly incomes of no more than \$15,000–\$25,000, depending on the drug manufacturer; (2) are not insured for prescription drugs; and (3) are not eligible for programs that help pay for drugs (such as EPIC and Medicaid).

The quantity of a drug is usually limited to one course of treatment (30–90 days). Application must be made to the manufacturer by a doctor, not the patient.

Free Publications

Directory of Prescription Drug Indigent Programs.

Available free to healthcare professionals from the Pharmaceutical Research Manufacturers of America, ☎ 800/762-4636

A list of drugs offered under IPPs and their manufacturers is available free from the Special Committee on Aging of the U.S. Senate, ☎ 202/224-5364

Single-Target Supplemental Insurance: Prescription Drugs

Several Medigap plans (described below) offer prescription drug benefits. Two other insurance plans are offered to New Yorkers by a state program called “Elderly Pharmaceutical Insurance Coverage” (EPIC). These plans are available to people who (1) are age 65 or older, (2) are

not receiving Medicaid, and (3) meet the income eligibility limits given below.

There are two EPIC plans. One, the “fee” plan, charges a yearly premium (called a “fee,” \$8–\$280 in 1999), which varies according to income. Under this plan you pay for drugs on a sliding scale. For example, you pay \$3 for a drug costing \$8, \$10 for a drug costing \$33, and \$23 for a drug costing more than \$33.

The second plan, called the “deductible” plan, charges no fee. Instead, you pay the entire cost of drugs each year up to a deductible limit (\$468–\$638 in 1999, based on income), after which EPIC pays half or more of the cost of additional drugs.

Income Eligibility. In 1999 individuals with annual incomes of \$18,500 or less and couples with incomes of \$24,400 or less could join either of the two EPIC plans. Individuals with incomes of \$10,800 or less and couples with incomes of \$14,400 or less could join only the fee plan. These income limits are raised each year.

For EPIC information and applications: ☎ 800/332-3742

Other Single-Target Supplemental Insurance

Other single-target insurance includes coverage for dental care and long-term care. Policies that pay benefits for specific diseases (such as cancer) are rarely advisable because their benefits duplicate what Medicare and Medigap already provide.

Multi-Target Supplemental Insurance (Medigap)

“Medigap” insurance offers a wide range of benefits that supplement fee-for-service Medicare. It is sold by private insurance companies in ten government-regulated plans. Medigap insurance may be purchased directly from an insurance company, through a fraternal, consumer, or

Health Insurance Swindles

Seniors are frequent targets of health insurance swindlers. These include legitimate insurance agents who try to sell policies that duplicate Medicare-Medigap coverage (cancer insurance is an example). Swindlers who are not insurance agents may try to sell insurance that does not exist.

How to Protect Yourself

- Never buy insurance for specific diseases.
- Always ask for printed information.
- Always call the company the agent says he/she represents and make sure the agent is legitimate.
- Always verify that an insurance company is licensed by calling the New York State Insurance Department, ☎ 212/602-0203.
- Never pay in cash.
- Pay by check made out to the company, never the agent.

professional organization, or as part of an employee or retiree benefit package.

All Medigap plans pay for the Part A and Part B coinsurance plus 365 extra hospital days. Most plans also cover the Part A deductible, the coinsurance for skilled nursing care, and part of the cost of care received in foreign countries. Some plans include preventive care, a portion of prescription drug costs, and other benefits not covered by Medicare.

Everyone in New York State who is enrolled in Medicare Parts A and B is entitled to buy Medigap insurance at any time and regardless of age or medical condition. Although the benefits in each of Medigap's plans

are the same no matter what insurance company offers them, the premiums can differ by 50 percent or more.

A chart comparing Medigap premiums is available free from the Health Insurance Information Counseling and Assistance Program, ☎ 212/333-5511, <http://hiicap.state.ny.us>

Comparative price information plus an evaluation of each insurance company's financial stability is included in *Medicare Supplement Insurance Price Survey*, available for sale from The Weiss Group (1999 price \$49), ☎ 800/289-9222.

All Medigap policies are guaranteed renewable. A policy cannot be canceled, nor the premium increased, if a person develops a medical condition that proves costly to the insurance company. If a person already has a Medigap policy and wants to change from one plan to another, he/she cannot be refused the new plan.

Free and Low-Cost Publications on Medicare and Medigap

A Complete Guide to Health Care Coverage for Older New Yorkers. Available free from the Health Insurance Information Counseling and Assistance Program, ☎ 212/333-5511, <http://hiicap.state.ny.us>

Comprehensive Guide to Social Security and Medicare. Available for sale from the National Center for Financial Education, ☎ 619/232-8811, www.ncfe.org

Managing Your Health Care Finances: Getting the Most out of Medicare, Medigap, and Managed Care. Available for sale from United Seniors Health Cooperative, ☎ 202/393-6222, www.ushc-online.org

Medicare Basics: Your Health Insurance Options and Medicare Survival Kit. Both available for sale from the Medicare Rights Center, ☎ 212/869-3850

Medicare: What It Covers, What It Doesn't (publication D 13133). Available free to members of the American Association of Retired Persons, ☎ 800/424-3410

Senior Citizens Handbook (Chapter 4, “Financing and Managing Healthcare”). Available for sale from the New York State Bar Association, ☎ 518/463-3200
Your Medicare Handbook (publication HCFA-10050) and *Guide to Health Insurance for People with Medicare* (publication HCFA-02110). Both available free from the U.S. Health Care Financing Administration, ☎ 800/638-6833, www.hcfa.gov

Alternatives to Medigap Insurance (“Medicare+Choice”)

There are five alternatives to Medigap insurance. They are called “Medicare+Choice” or “Medicare Part C,” and they include health maintenance organizations, provider sponsored organizations, preferred provider organizations, private fee-for-service insurance plans, and medical savings accounts.

As of June 1999 the only choice available in New York City was health maintenance organizations. The other choices, when they become available, will have various management structures but will share two economic features: The costs to enrollees and the payments to providers will be higher than in most HMOs. Thus, the new choices continue a long-standing trend that has been replacing the original one-size-fits-all Medicare system with a multitier system based on affordability.

Health Maintenance Organizations (HMOs)

An HMO is a network of doctors, hospitals, laboratories, and other service providers. It contracts with Medicare to provide all of Medicare’s benefits to its members. In addition it usually provides supplemental benefits such as reduced deductibles and copayments, routine physical exams, preventive care, dental care, low-cost or no-cost prescription drugs (the selection is usually limited by the HMO), and part of the cost of hearing aids and eyeglasses. Some HMOs charge a premium for some of these extra services.

Most HMOs in New York City are for-profit businesses that generate income for their owners. Four HMOs are not-for-profit: Elderplan (Brooklyn only), Empire Blue Cross/Blue Shield, HIP, and Managed Health (Queens only).

Joining an HMO

When you join an HMO, you continue to pay the Part B premium to Medicare, which uses this money, along with other funds, to pay the HMO for your care. In 1999 about 20 percent of New York City Medicare beneficiaries belonged to an HMO.

You are eligible to join a Medicare HMO if you:

1. are enrolled in Medicare Part B
2. do not have permanent kidney disease
3. are not in a hospice program
4. live in the HMO's district(s)

You cannot be turned away because you have an existing medical condition other than (2) or (3).

Until 2002 you may change at any time from fee-for-service to an HMO, or back again, or from one HMO to another HMO (or to one of the other Medicare choices). Notice of your change must be made in writing; ask your new or old HMO for the correct procedure. After 2002 changes will be limited to a set period each year lasting six months in 2002 and three months thereafter. If you have a Medigap policy, you may wish to keep it for a few months after enrolling in an HMO so that you can return quickly to fee-for-service if the HMO proves unsatisfactory.

How an HMO Delivers Healthcare

Some HMOs contract with doctors to provide medical services in their private offices (where non-HMO and non-Medicare patients also are served). Other HMOs operate health centers where staff doctors provide medical services exclusively for HMO enrollees.

Under most HMO plans a “primary care physician” coordinates all Medicare services and decides if tests and specialized care are “reasonable and necessary.” This physician is often called a “gatekeeper.” You may choose your gatekeeper and you may switch from one to another, but your choices are limited to the HMO’s network of doctors. Only rarely is a specialist (for example, an oncologist or cardiologist) allowed to be a gatekeeper.

If specialized care is granted, it is generally provided only from within the HMO’s network. Your gatekeeper may further restrict your choices to the network doctors he/she prefers. If your gatekeeper refuses to approve the services or providers you want, or you want to see a specialist outside the HMO’s network, you may have to pay all the costs yourself unless you appeal your gatekeeper’s refusal and win the appeal.

Some HMOs offer a “point-of-service” (POS) plan, usually for an extra premium. Under a POS plan you may be able to obtain care outside the HMO’s network for an additional charge. However, the type of out-of-network care and the number of out-of-network visits may be restricted.

How an HMO Pays Its Doctors

How a doctor is paid can influence his/her attitude toward a patient. The HMOs that operate their own health centers usually hire their own staff doctors and pay them each a salary. This method seems to provide patients with the least hurried care.

Some HMOs pay individual doctors a monthly or yearly per-patient fee. This fee remains the same no matter how often the patient sees the doctor. Monthly fees range from \$20 to \$30 per patient. This method may encourage doctors to limit the time they spend with HMO patients.

Some HMOs pay individual doctors on a per-visit basis. The amount is usually less than the doctor would receive under fee-for-service Medicare (which is already less than the self-pay rate). This method may also en-

courage doctors to limit the time they spend with HMO patients.

Some HMOs pay bonuses for such things as not exceeding the HMOs expense targets, submitting bills on time, and scoring well on surveys of patient satisfaction.

How an HMO Finances Its Operations

HMO services are paid for from Medicare's regular sources (including the monthly Part B premiums paid by all beneficiaries), from the HMO's fees and premiums (if any), and from the HMO's deductibles and copayments.

There are two basic types of HMO: "risk" and "cost."

Risk HMO. Medicare pays risk HMOs a monthly fee for each person who joins. The fee is based on the average per-person cost to Medicare of fee-for-service care in the local area. In 1999 the monthly per-person fee ranged from \$685 (in Queens) to \$798 (in Staten Island). The fee does not decrease if a beneficiary needs little care and does not increase if the beneficiary needs extensive care. Thus, the HMO can make a great deal of money if its members receive little care but is at risk of losing money if its members receive extensive care. This fact may influence risk HMOs in deciding whether or not to provide special services such as tests, hospital treatment, or home care.

If a risk-HMO member is denied care and/or goes outside the HMO's network of providers, neither the HMO nor Medicare will pay anything unless (1) the services were for an emergency situation, (2) the HMO permits out-of-network care, or (3) the care is later found, on appeal, to have been "reasonable and necessary" and the HMO is found to have been wrong in denying it.

Risk HMOs are required to offer services beyond basic Part A and Part B benefits. This requirement can be met by reducing Medicare's deductibles and copayments and/or by adding low-cost or no-cost services.

Cost HMO. Cost HMOs will continue to exist only until 2002. They are paid by Medicare at the fee-for-service rate for each Medicare-approved service they provide. These payments, plus membership fees and premiums (if any), deductibles, and copayments make up the HMO's income. Because Medicare pays a cost HMO for specialized care on a per-patient, per-need basis, the HMO is not at risk of losing money if specialized care is needed. This may make a cost HMO more willing than a risk HMO to approve specialized services.

Another difference between cost and most risk HMOs is that a member of a cost HMO can go outside the HMO's network for treatment and still be covered by Medicare for 80 percent of the approved cost. Thus, a cost HMO member always has the freedom to receive some care from within the HMO and some care outside it.

The chief disadvantages of a cost HMO over a risk HMO are that it charges a premium (in addition to Medicare's Part B premium) and may not provide any of the extra benefits a risk HMO is required to provide. However, some cost HMOs offer members the option of "supplemental services" and reduced charges similar to those offered by risk HMOs. If a beneficiary chooses this option, then he/she may lose the freedom to go outside the HMO's network for Medicare-reimbursed care.

New York City's Medicare HMOs

At the beginning of 1999 there were eleven Medicare HMOs in New York City. Each HMO operates within a limited geographic area, which may be one or more boroughs. Some HMOs have affiliates in other states.

A chart comparing the costs and benefits of New York City's Medicare HMOs is available free from the Health Insurance Information Counseling and Assistance Program, ☎ 212/333-5511, <http://hiicap.state.ny.us>

Free information is also available from the U.S. Health Care Financing Administration, www.hcfa.gov (click on "Medicare Compare").

Is an HMO Being Honest?

In soliciting new members, some HMOs provide lists of doctors that are not up-to-date. (Four percent of doctors in a typical HMO leave each year.) In addition, some of the HMO's current doctors may not be available to everyone. A reputable HMO will not distribute out-of-date information, and it will state clearly if any doctors on its list are not available to everyone and why.

Detailed comparative charts are available to healthcare counselors from the Medicare Rights Center, ☎ 212/869-3850.

Shopping for a Medicare HMO

Shopping for an HMO is like shopping for health insurance. You must be clear in your own mind about what kinds of healthcare you are likely to need, and you must compare costs and benefits. There are no standard benefit packages as there are with Medigap insurance. Each HMO is unique.

For example: Do you want access to a particular type of specialized care? Do you want access to a particular doctor or hospital? Do you want a particular prescription drug? Do you want an HMO with branches or affiliates in other states?

Professional and Consumer Evaluations of Healthcare Networks

CareData Reports, www.caredata.com (CareData rates HMOs based on surveys of member satisfaction.)

Joint Commission on Accreditation of Healthcare Organizations, ☎ 630/792-5800, www.jcaho.org (The commission awards an “accreditation status” and

provides detailed “performance reports” for 18,000 healthcare organizations nationwide.)

National Committee for Quality Assurance (NCQA), ☎ 888/275-7585, www.ncqa.org (In 1999 three Medicare HMOs in the city held NCQA’s highest rating: CIGNA, Empire Blue Cross and US Healthcare.)

Evaluating Healthcare Networks on Your Own

In evaluating HMOs (or the other managed care networks) consider these points:

Financial Structure

Is the network for-profit or not-for-profit?

Coverage

Does the network provide supplemental benefits that are important to you?

What provisions does the network make for emergency care? For care when you travel?

What drugs are offered? (Ask for the “formulary.”)

What treatment options are offered for conditions you are concerned about? (Ask for the “treatment protocols.”)

If you have a chronic condition, how many people with your illness are members of the network?

Cost

Is there a charge for joining?

Are there premiums?

What are the deductibles and copayments?

If supplemental benefits are important to you, does the network charge more or less than Medigap insurance for the same benefits?

Choices

Does the network offer a wide choice of doctors who are board certified in specialties that are important to you (geriatrics, oncology, cardiology, etc.)?

Are all of the network's doctors available to you?

Are you satisfied with the network's hospitals?

Convenience

Are the network's doctors located nearby?

How soon are appointments scheduled?

How long do people have to wait in the waiting room?

Can you make weekend and evening appointments?

Can you talk to a doctor by telephone?

Do the network's doctors and other staff make house calls?

Continuity

Will you see the same doctor, nurse, or therapist each time you need care?

What percentage of doctors leave the HMO each year?
(The national average is 4 percent.)

Quality

Has the network been rated by the National Committee for Quality Assurance? (Ask for the results.)

Have the network's members been surveyed for patient satisfaction? (Ask for the results.)

What percentage of members leave each year? (In 1998 the disenrollment rates in New York City's HMOs ranged from 2 to 9 percent.)

Are doctors paid bonuses for scoring well on surveys of patient satisfaction? (Ask for the survey results.)

What percentage of the network's doctors are Board Certified? (The range in New York City is 73 to 97 percent.)

Have complaints been filed with the New York State Insurance Department? What were the complaints? Were they upheld?

Compensation for Doctors

What does the HMO pay its doctors?

Are doctors paid bonuses? For what?

Complaints

How do you appeal if the medical treatment you want is denied?

How long does the appeals process take?

Provider Sponsored Organizations (PSOs)

PSOs are managed care networks similar to HMOs. However, instead of being owned by insurance entities, PSOs are owned and operated by doctors, hospitals, and other healthcare providers. Because a PSO does not have to generate income for an insurance company, it can pay its providers more than an HMO does. In addition, healthcare decisions usually are made by healthcare providers, not business managers.

Preferred Provider Organizations (PPOs)

PPOs are managed care networks, owned by insurance companies, that have rosters of “preferred” doctors and other providers but allow enrollees to use non-network providers for an additional charge. Enrollees may obtain specialized care without first getting the approval of a primary care physician. Enrollees pay premiums (in addition to the regular Part B premium) and copayments. PPO providers usually are paid more than HMO providers.

Private Fee-for-Service Insurance Plans (PFFSs)

PFFSs are insurance plans, not managed care networks. They allow beneficiaries to obtain care anywhere and from anyone who agrees to accept the plan’s payment schedule. PFFSs can pay providers more than HMOs do

and more than is allowed under traditional fee-for-service Medicare. In addition, enrollees can be billed directly by providers for some charges that exceed the PFFS rate. For these reasons PFFSs may give enrollees access to higher quality providers than HMOs or traditional fee-for-service Medicare.

Enrollees pay their regular Part B premiums to Medicare, which then pays the insurance plan a set monthly sum for each enrollee. The insurance plan generates additional income by charging premiums, deductibles, and co-payments.

Medical Savings Accounts (MSAs)

In spite of their name, MSAs are not primarily savings accounts but rather health insurance policies issued by private insurance companies. During a four-year trial period (1999–2002) up to 390,000 Medicare beneficiaries nationwide are being permitted to join the MSA program. However, it is unlikely that MSAs will be offered in New York City until at least 2000.

Under the MSA program Medicare pays the policyholder every year an amount of money equal to the average per-person cost of Medicare services in the county where the policyholder lives. In the five boroughs of New York City this would range from about \$8,226 to about \$9,580. The money pays the premium for a “catastrophic” health insurance policy (one with a high deductible). Whatever is left over is deposited into a tax-free savings account. Medicare takes no further responsibility for the policyholder’s healthcare, and its caps on healthcare charges do not apply.

The savings account can be used only for healthcare expenses. However, these can include non-Medicare items such as routine physicals, dental care, prescription drugs, and possibly long-term care insurance premiums. Whether or not such non-Medicare expenses count toward the deductible depends on the insurance policy. If

allowable expenses exceed what is in the savings account, then these costs, up to the insurance deductible, must be paid for out-of-pocket.

Once the insurance deductible is reached, the insurance company pays for Medicare's Part A and Part B services (and perhaps for supplemental services, depending on the policy). Whether or not the policyholder is charged copayments for these services depends on the policy. The policyholder may be allowed to use any provider, or he/she may be restricted to providers under contract with the insurance company. The policyholder does not need preapproval to use specialist services.

Are MSAs Cost-Effective?

If and when MSAs are offered in New York City, the following points should be considered in determining their cost-effectiveness:

1. What is the yearly deductible? The maximum allowed is \$6,000. This is how much a policyholder will have to pay from the savings account and/or out-of-pocket before insurance coverage begins.
2. How much will Medicare's yearly payment to the policyholder be? In New York City the amount will be about \$8,226 to \$9,580, depending on the borough in which the policyholder lives.
3. What is the yearly insurance premium? Indications are that it will be \$5,000 to \$6,000.
4. How much money will be left over to deposit in the policyholder's savings account? If the insurance premium is \$5,000, the yearly savings deposit will be about \$3,226 to \$4,580, depending on the borough in which the policyholder lives.
5. What does the average Medicare beneficiary spend out-of-pocket for healthcare expenses? Nationwide the figure for people with Medigap insurance is about \$3,000. (Out-of-pocket expenses include

Medicare and Medigap premiums, deductibles, and copayments plus expenses not covered by Medicare-Medigap.)

6. Will an MSA policyholder spend more or less for medical care than someone who has traditional Medicare-Medigap coverage? If a policyholder spends everything in the savings and more than \$3,000 out-of-pocket, then (for that year, at least) the MSA is not cost-effective.

Should I Join a Managed Care Network?

Many people join a managed care network for convenience—to receive all their Medicare benefits within a single organization and without having to file claims or shop around for providers who accept Medicare's rates. Many people also join to save money through the reduced deductibles and copayments and the low-cost or no-cost supplemental benefits that many networks (principally HMOs) offer. Another attraction is the preventive and educational programs that are designed to keep enrollees healthy.

The chief disadvantages of joining a managed care network are the limitations they place on the care they provide and their tendency to undertreat patients. With most HMOs and PPOs, members are restricted to the network's providers and treatment options. Often medical decisions are based more on profit for the owners than on swift and effective care for the patient. (You can appeal a network's medical decisions, but the process can take weeks and may not result in your favor.)

A healthy person can receive adequate care from a managed care network more conveniently and usually at less cost than fee-for-service Medicare. A person in poor health has more choice and control with fee-for-service. For this reason many people join a network when they are healthy and change to fee-for-service if they become seriously ill.

When you are outside a network's district(s), you are not covered for anything except emergency care (unless the network has agreements with networks in other districts). For this reason, if you spend more than 90 days a year outside a network's district(s) (or the districts of its affiliates), you should not join.

Free Information about Medicare+Choice

Consumer Services Bureau of the New York State Insurance Department, ☎ 212/602-0203

Health Insurance Information Counseling and Assistance Program, ☎ 212/333-5511, <http://hiicap.state.ny.us>

JASA Help Center, ☎ 212/273-5272

Medicare Rights Center, ☎ 212/869-3850

Patient's Rights Hotline (for questions about hospital care), ☎ 212/316-9393

U.S. Health Care Financing Administration, ☎ 800/638-6833, 800/633-4227, 212/264-3657 (TDD 800/820-1202), www.hcfa.gov

Free In-Person Advice

The Health Insurance Information Counseling and Assistance Program (HIICAP) operates neighborhood counseling sites throughout the city at which one-on-one advice is available. For the location of sites and their phone numbers call HIICAP, ☎ 212/333-5511.

Free and Low-Cost Publications on Medicare+Choice

Choosing Quality: Finding the Health Plan That's Right for You. Available free from the National Committee for Quality Assurance, ☎ 800/839-6487, www.ncqa.org

A Complete Guide to Health Care Coverage for Older New Yorkers. Available free from the Health Insurance In-

formation Counseling and Assistance Program, ☎ 212/333-5511, <http://hiicap.state.ny.us>

Do You Speak Managed Care?; Managing Your Health Care Finances; Medicare HMOs: Some Tips for Consumers; Medicare HMOs: What Consumers Need to Know; and Medicare, Medigap, and Managed Care: Consumer Update. All available for sale from United Seniors Health Cooperative, ☎ 202/393-6222, www.ushc-online.org

Helping You Choose a Quality Health Plan. Available free from the Joint Commission on Accreditation of Healthcare Organizations, ☎ 630/792-5800, www.jcaho.org

Making Medicare Choices (publication D16747); *Managed Care: An AARP Guide* (publication D15595); and *Nine Ways to Get the Most from Your Managed Health Care Plan* (publication D16615). All available free to members of the American Association of Retired Persons, ☎ 800/424-3410

Medicare HMOs: Your Rights, Risks and Obligations and *Medicare Health Maintenance Organizations: Are They Right for You?* Both available for sale from the Medicare Rights Center, ☎ 212/869-3850

Medicare Managed Care (publication HCFA-02195). Available free from the New York State Insurance Department, ☎ 212/602-0203

Understanding Medicare Managed Care. Available free from the American Association of Homes and Services for the Aging, ☎ 800/675-9253, www.aahsa.org

Where to File Medicare and Medicare+Choice Service Complaints

Center for Patient Advocacy, ☎ 800/846-7444, www.patientadvocacy.org

Island Peer Review Organization, ☎ 800/331-7767

Joint Commission on Accreditation of Healthcare Organizations, ☎ 630/792-5642 (investigates complaints about HMOs that are accredited by the commission)

Medicare HMO Section, U.S. Health Care Financing Administration, 26 Federal Plaza, New York, NY 10278

Medicare Rights Center, ☎ 212/869-3850

New York State Attorney General's Health Care Bureau, ☎ 888/692-4422

Patient's Rights Hotline (for problems with hospital care), ☎ 212/316-9393

Where to Report Medicare Fraud

Office of Inspector General, U.S. Department of Health and Human Services, ☎ 800/447-8477 (TDD 800/377-4950)

In Queens: Group Health, Inc., ☎ 212/721-1770

In other boroughs: Empire Medicare Services, ☎ 800/442-8430

Medicaid

Medicaid is the national healthcare program for low-income people of all ages. It is paid for by federal, state, and city tax dollars and is administered locally by the New York City Human Resources Administration (HRA).

Medicaid pays for more services than Medicare does, including services received as far back as three months before assistance is applied for. Once a person is accepted into the Medicaid program, he/she must use only those doctors and other service providers who are part of a Medicaid HMO or who have registered with the Medicaid system and have agreed to accept Medicaid rates as payment-in-full.

Among its many features, Medicaid assists qualified people with their Medicare premiums, deductibles, and

Emergency Medical Assistance

New York State law requires hospitals to provide emergency care whether or not a person can pay for it. If you have a heart attack, stroke, or other life-threatening emergency, go to a hospital immediately. You have up to three months after you receive care to apply for assistance to pay the bill.

For information or assistance call the New York City Human Resources Administration, ☎ 718/291-1900. For help in applying for assistance call or visit one of the city's neighborhood senior centers or call the JASA Help Center, ☎ 212/273-5272.

copayments and may pay Medigap or other private insurance premiums if doing so is cost-effective for the Medicaid program.

Who Is Eligible?

If a person is receiving Public Assistance (also called “welfare”) or Supplemental Security Income (SSI), Medicaid is an automatic benefit. If a person is not receiving Public Assistance or SSI, he/she must apply and then be interviewed in person. Recertification is required once a year.

In 1999 U.S. citizens age 65 or older (along with some noncitizen immigrants) qualified for Medicaid assistance in New York State if:

1. monthly income was \$612 or less for a single person, \$879 or less for a couple, and
2. savings and other financial assets were \$3,500 or less for a single person, \$5,100 or less for a couple

In most cases prepaid funeral and/or burial or cremation accounts that are irrevocable are not counted. Funds set aside for non-burial-space expenses are not counted up to \$1,500 per person. (These regulations are complicated; consult one of the agencies listed below under “Medicaid Applications, Information, and Assistance” for more information.)

In most cases the value of a home, furniture, clothing, and a car are not counted.

People with larger financial assets and higher incomes may also qualify. For example:

1. If assets are below the Medicaid limit but monthly income is above the limit, the amount by which income exceeds the Medicaid limit can be classified as a “surplus.” If medical bills in a month are greater than this monthly surplus, Medicaid may pay the amount that is above the surplus. However, in the case of a hospital stay, the patient must pay six times the monthly surplus before Medicaid steps in.
2. To qualify for some types of noninstitutional services New York City residents are allowed to spend, give away, or transfer assets, thereby bringing their remaining resources within the Medicaid limit. This rule does *not* apply to institutional care and some types of home care. The rule, where it applies, is implemented by asking for and completing a “simplified asset review,” which documents only those assets currently held, not assets held (and transferred) in the past.

Warning. Gifts and transfers of assets for the purpose of qualifying for Medicaid are potentially dangerous. In some cases they can result in severe penalties. Before taking action of this type, consult one or more of the agencies listed below under “Medicaid Applications, Information, and Assistance.”

3. In 1999 the spouse of someone who entered a nursing home could keep as much as \$2,049 a month in income and as much as \$81,960 in financial assets.
4. A nursing-home resident may deduct from his/her income (as calculated for Medicaid eligibility) all health insurance premiums, \$50 a month for “personal needs,” and \$3,500 in resources.
5. If the spouse of a person needing medical care refuses to contribute his/her income and assets to the spouse’s care, then those resources are not counted.

Warning. Medicaid reserves the right to sue for medical expenses based on the support duties of one spouse for another.

Medicaid Applications, Information, and Assistance

New applications are processed at neighborhood sites of the city’s “Medical Assistance Program.” For the location of the site nearest you, call HRA, ☎ 718/291-1900.

Free help is available at the city’s neighborhood senior centers, from social service agencies, from the JASA Help Center, ☎ 212/273-5272, and from the agencies listed in chapter 14.

Noncitizen immigrants who need help in understanding regulations and in applying for Medicaid should contact the agencies listed in the Appendix under “Citizenship and Immigrant Rights.”

Free help on hospital care issues is available from the Patient’s Rights Hotline of the New York StateWide Senior Action Council, ☎ 212/316-9393.

Free help on home care issues is available from the Home Care Services Program of the New York City Human Resources Administration, ☎ 212/835-7313.

Self-pay help is available from accountants and lawyers who have experience with Medicaid regulations.

Medicaid in New York—Basic Eligibility and Services is a 50-page booklet that is available free to elder law attorneys and other eldercare professionals. For a copy send a written request to Legal Services for the Elderly, 130 West 42nd Street, New York, NY 10036.

Where to Report Medicaid Fraud

Office of Inspector General, U.S. Department of Health and Human Services, ☎ 800/447-8477 (TDD 800/377-4950)

Department of Veterans Affairs (VA)

VA Healthcare Enrollment

Most veterans who want healthcare from the VA and who have not received VA healthcare since October 1996 must first enroll by filling out an application form. The form is available at VA medical facilities and by calling the enrollment hotline, ☎ 877/222-8387. Veterans may wait to enroll until they need care, but enrollment in advance of need is encouraged because it prevents bureaucratic delays.

Based on information in the application form, veterans are assigned to one of seven priority categories. Assignment depends on factors such as a veteran's disability rating, whether or not the disability is service-connected, and the veteran's income. Care is then granted according to priority and to the extent that money is made available by Congress.

Hospital and Nursing Home Care

The VA provides hospital and nursing home care based on a veteran's priority ranking. Patients who are not high priority may be charged deductibles and copayments. In

most cases the VA authorizes nursing home care for no more than six months. The main exception is for veterans who have service-connected disabilities.

Home Care and Other Outpatient Treatment

Home care is one of the VA's outpatient medical treatments, which also include examinations, prescription drugs, rehabilitation services, dental care, and mental health services. Depending on a veteran's priority ranking, the VA furnishes outpatient care for those who:

1. have service-connected disabilities for which the care is needed
2. have been injured in a VA hospital
3. suffer from toxic exposure in the Persian Gulf
4. require care in preparation for, or to prevent, hospitalization
5. meet VA income restrictions

The VA may also provide outpatient care to other veterans, from whom it may require copayments.

Other Benefits

Other VA benefits include travel costs when the travel is for VA medical care, alcohol- and drug-dependence treatment, aid for blind veterans, and home modifications to accommodate disabilities.

Medical Benefits for Dependents and Spouses



Dependents and spouses are eligible for medical services if the veteran has a permanent and total service-connected disability.

Surviving spouses and dependents are eligible if the veteran meets one or more of the following requirements:


1. died in the line of duty
2. died as the result of a service-connected condition
3. was permanently and totally disabled from a service-connected condition at the time of death

Free Information and Advice

For information, advice, and assistance with application forms, call the New York State Division of Veterans Affairs:

Bronx	 718/563-5935
Brooklyn	 718/630-3709 or 875-1077
Manhattan	 212/961-8663
Queens	 718/459-1828
Staten Island	 718/447-8787

Free Publication

Federal Benefits for Veterans and Dependents. Available from the U.S. Department of Veterans Affairs,  212/807-7229

Workers' Compensation Board (WCB)

An injured or ill worker who qualifies for workers' compensation is also eligible for free medical care if it is directly related to the work-related injury or illness. The care is paid for by the employer or the employer's insurance carrier. Doctors may not collect a fee from the patient.

If an employer participates in the "Managed Care Pilot Program," the worker must choose a health care provider from within the employer's chosen network. However, if after 14 days of treatment the worker is dissatisfied with the care received from this network, he/she may select an authorized provider outside the network.

Free Publication

Injured on the Job? An Employee's Guide to NYS Workers' Compensation Benefits. Available from WCB, ☎ 718/802-6616.

Internet Resources



The following websites provide indexes and links to internet resources on aging, including information about Medicare, Medicaid, and other healthcare programs:

- Directory of Web and Gopher Aging Sites, www.aoa.dhhs.gov/aoa/webres/craig.htm
- Geroweb, www.iog.wayne.edu/GeroWeb.html
- Internet and E-mail Resources on Aging, www.aoa.dhhs.gov/jpost6/#top (last and final update: 1997)

Self-Help Healthcare

Most people in their 60s enjoy good health. Those who develop serious disabilities usually do so only after they reach their mid-70s. The most frequent health problems in late life are arthritis, high blood pressure, heart disease, hearing loss, and diabetes. The following information will help you maintain good health and find health-care resources if problems occur.

Free and Low-Cost Publications

Older Adults' Health and Age-Related Changes: Reality Versus Myth. Available free from the American Psychological Association, ☎ 202/336-5700

Successful Aging. Available for sale from Pantheon Books, ☎ 800/733-3000

Exercise

Daily physical activity is fundamental to well-being. Whether light or strenuous, exercise reduces the structural and functional decline that occurs with aging. In addition, it enhances every aspect of life: strength, stamina, balance, flexibility, alertness, memory, immunity, circulation, breathing, appetite, digestion, weight control, blood-sugar

and cholesterol levels, vocal clarity, skin tone, sexual pleasure, sleep, relaxation, pain relief, morale, and life span. Exercise benefits everyone whether or not they have disabilities (including limited mobility) and no matter how old they are or when they begin.

For most people life in New York City requires considerable walking and stair climbing. These forms of exercise are easily balanced with stretching, bending, and strength-building routines at home or in classes. Exercise equipment is not essential. The time of day most frequently recommended for exercise is afternoon.

Free and low-cost exercise guides are listed below. Many others are offered by the organizations listed under "Resources for Common Health Concerns."

Free and Low-Cost Exercise Guides

Aerobic Exercise; Exercising to Stay Fit; Fitness; and Walking for Fitness. All available for sale from Krames Communications, ☎ 800/333-3032

Basic Exercises for People over Sixty; Moderate Exercises for People over Sixty; Exercise-Activity for People over Sixty; and Exercise, Diet and Nutrition for People over Sixty. All available for sale from the National Association for Human Development, ☎ 800/424-5153

Exercise: A Guide from the National Institute on Aging. Available free from the Institute, ☎ 800/222-2225 (TTY 800/222-4225)

Fitness in a Chair. Available for sale, along with exercise videos for people with limited mobility, from Accent Books and Products, ☎ 800/787-8444

Getting Fit Your Way and *Walking for Exercise and Pleasure.* Both available free from the U.S. Consumer Information Center, P.O. Box 100, Pueblo, CO 81009, www.pueblo.gsa.gov

A Guide to Fitness after Fifty and *Who? Me? Exercise? Safe Exercise for People over 50.* Both available for

sale from the Center for the Study of Aging of Albany, ☎ 518/465-6927

Pep Up Your Life: A Fitness Book for Mid-Life and Older Persons. (publication D 549). Available free to members of the American Association of Retired Persons, ☎ 800/424-3410

Walk for Life (a guide for walking groups). Available free from the New York State Senior Citizens' Hot Line, ☎ 800/342-9871

Free Exercise Programs

Sports and exercise classes are readily available in New York City. Many are free. They include both Asian and Western methods of fitness and range from light to strenuous.

Almost half of the city's senior centers host exercise classes, stress management classes, and walking clubs. Some are led by retired fitness-training professionals. About 600 additional volunteers have been trained by Health Promotion Services (HPS) of the New York City Department for the Aging. For the location of the centers that offer exercise programs or to volunteer for leadership training, call HPS, ☎ 212/442-0954.

The city's Department of Parks and Recreation sponsors senior exercise, swimming, and sports programs. For more information see chapter 2.


Finally, many YM-YWCAs, YM-YWHAs, HMOs, and health clubs offer senior exercise programs.

Nutrition

Good nutrition, like daily physical activity, is fundamental to well-being. The following chart provides a rough estimate of whether or not you are at risk of developing nutrition-related health problems. If your answer is yes to any of the questions, note the number of points assigned to the question(s) and then add up your score.

I have an illness or condition that has made me change the kind and/or amount of food I eat	2
I eat fewer than two meals a day	3
I eat few fruits, vegetables, or milk products	3
I have three or more servings of beer, liquor, or wine almost every day	2
I have tooth or mouth problems that make it difficult for me to eat	2
I do not always have enough money to buy the food I need	4
I eat alone most of the time	1
I take three or more different prescription or over-the-counter drugs a day	1
Without wanting to, I have lost or gained ten pounds in the last six months	2
I am not always physically able to shop, cook and/or feed myself	3
A score of 0–2:	little or no risk
A score of 3–5:	moderate risk
A score of 6 or more:	high risk

If you are at moderate or high risk, discuss these questions and your answers with your doctor and/or social worker.

Advice on nutrition is available at the city's neighborhood senior centers, which also serve free and low-cost meals; at most HMOs; and from the Nutrition Hotline of the American Dietetic Association,  800/366-1655.

The following agencies provide help for those who cannot afford the food they need:

City Harvest Hunger Hotline, ☎ 212/533-6100
New York City Coalition Against Hunger, ☎ 212/
227-8480
New York State Food Stamp Hotline, ☎ 800/342-
3009

Free and Low-Cost Publications

Eating Well. Available online at <http://agingwell.state.ny.us>

Exercise, Diet and Nutrition for People over Sixty. Available for sale from the National Association for Human Development, ☎ 800/424-5153

Growing Older, Eating Better. Available free from the U.S. Consumer Information Center, P.O. Box 100, Pueblo, CO 81009, www.pueblo.gsa.gov

Healthy Eating for a Healthy Life (publication D 15565). Available free to members of the American Association of Retired Persons, ☎ 800/424-3410

Nutrition. Available for sale from Krames Communications, ☎ 800/333-3032

Many of the organizations listed below under “Resources for Common Health Concerns” offer free and for-sale recipe books and nutrition guides.

Weight Management

Maintaining a healthy weight reduces the risk of contracting many of the most common disorders that afflict people over 60. These include osteoarthritis, high blood pressure, heart disease, stroke, diabetes, breast cancer, gallbladder disease, gout, cataracts, and back pain. The easiest way to determine if your weight may be putting you at risk of contracting these and other diseases is to determine your “body mass index”:

1. multiply your weight in pounds by 705
2. divide (1) by your height in inches
3. divide (2) by your height in inches

A score of 25.0

or less: little or no risk

A score above 25.0

and below 27.0: moderate risk

A score above 27.0

and below 30.0: increasingly higher risk

A score of 30.0

or more: very high risk

Low-Cost Publications

Managing Weight and *Weight Management*. Both available for sale from Krames Communications,  800/333-3032

Getting the Most from Your Doctor Visit

Getting good healthcare is partly your own responsibility. This includes getting good advice from your doctor.

1. Read up on any problems you have or think you have. Information is available by phone from the organizations listed in this chapter, on the internet, from self-help resource groups, in the medical sections of libraries and bookstores, and in the brochures, pamphlets, and fact sheets at your doctor's office.
2. Tell your doctor *everything* that is causing you concern. Remember that small problems that appear unrelated to you may actually be signs of a larger problem. This fact is especially true for seniors.

Consumer Information on Medications

The University of Maryland's Center for the Study of Pharmacy and Therapeutics for the Elderly, ☎ 410/706-0897, publishes free pamphlets including:

Aging and How It Affects Your Response to Medicine
Did You Remember to Ask: The Consumer's Quick Guide to Using Medications Correctly
Eye Medications: May Be More than Meets the Eye!
Medications and Travel
OTCs: Choosing the Right Nonprescription Medicine
You and Your Medicines
Questions You May Have about Generic Drugs

The American Pharmaceutical Association, ☎ 800/878-0729, publishes for sale a directory of 400 nonprescription products with evaluations of their effectiveness:

What Do I Take? A Consumer's Guide to Nonprescription Drugs.

3. Make a list of the problems, questions, and concerns you have so you won't forget any of them.
4. Have with you a list of the medications (prescription and nonprescription) and supplements that you are taking. If your doctor prescribes something new, ask if it will be safe in combination with the others. (Also ask this of your pharmacist.)
5. Be sure you understand clearly everything your doctor tells you. Ask about any medical terms and procedures you don't understand.

6. If your doctor sends you to a specialist, learn as much as you can about your problem *before* you see the specialist. This will help you understand and evaluate what the specialist tells you.

Free and Low-Cost Publications

Be Informed: Questions to Ask Your Doctor before You Have Surgery (publication 95-0027, Spanish 95-0064). Available free from the U.S. Agency for Health Care Policy and Research, ☎ 800/358-9295, www.ahcpr.gov

Talking with Your Doctor: Asking the Right Questions. Available for sale from Krames Communications, ☎ 800/333-3032

Talking with Your Doctor: A Guide for Older People. Available free from the National Institute on Aging, ☎ 800/222-2225 (TDD 800/222-4225), www.nih.gov/nia

Electronic Storage of Medical Information

There are three convenient ways to store personal medical information in 24-hour retrieval systems:

Choice in Dying stores advance medical directives (which tell healthcare workers what kinds of treatment a patient does and does not want) and the names of healthcare proxies (those authorized to speak on a patient's behalf if the patient becomes incapacitated). The service is available for a one-time fee of \$45 for members and \$55 for nonmembers. (Membership is \$25 a year.)

For information: ☎ 212/366-5540, www.choices.org

The Medic Alert Foundation stores personal medical information and the locations where advance medical directives and completed healthcare proxy forms can be found. Medic Alert also provides a wallet card and an ID bracelet or necklace containing the phone number of the retrieval service plus alerts for such conditions as aller-

gies, diabetes, and epilepsy. There is an application fee of \$35 for the service plus a yearly membership fee of \$15.

For information: ☎ 800/344-3226 or 825-3785

Personal Emergency Response Systems (PERS), which provide in-home signaling devices, store medical information about their subscribers, including advance medical directives and the names of healthcare proxies. Emergency workers can access this information by calling the PERS office listed on the identification card given to each subscriber.

A list of PERS providers is printed in the Yellow Pages under “Medical Alarms, Systems & Monitoring.”

Self-Help Information and Support Groups

Referrals to Self-Help Groups

Nationwide

American Self-Help Clearing House, ☎ 201/625-7101 (TDD 201/625-9053), www.cmhc.com/self-help/

National Self-Help Clearing House, ☎ 212/642-2944, www.selfhelpweb.org

Local

JASA Help Center, ☎ 212/273-5272

New York City Self-Help Center, ☎ 212/586-5770

Emotional and Spiritual Support Groups

Nationwide

American Horticultural Therapy Association (promotes the use of indoor and outdoor gardening to enhance physical and mental health), ☎ 800/634-1603

Delta Society (promotes the use of pets to enhance health and healing), ☎ 800/869-6898

Local

Friends in Deed, ☎ 212/925-2009

Health Issues Anonymous, ☎ 212/874-7372

Jewish Healing Center, ☎ 212/772-6601

Directories of Internet Self-Help and Support Groups

www.healthy.net/selfcare

www.dejanews.com

Other Self-Help Information on the Internet

Andrus Gerontology Center Library, www.lib.usc.edu/Info/Gero/gerourl.htm

America's HouseCall Network, www.housecall.com

Consumer Information Center, www.pueblo.gsa.gov

HealthAnswers, www.healthanswers.com

Healthfinder, www.healthfinder.gov

Healthtouch, www.healthtouch.com

Medscape, www.medscape.com

Medweb: Geriatrics, www.cc.emory.edu/WHSCCL/medweb.geriatrics.html

SeniorNet, www.seniornet.org

National Health Information Center, nhic-nt.health.org

National Institute on Aging, www.nih.gov/nia

United Seniors Health Cooperative, www.ushc-online.org

U.S. Office of Disease Prevention and Health Promotion, odphp.osophs.dhhs.gov

Referrals to New York City Doctors

Bronx

Bronx County Medical Society,
☎ 718/548-4401

Brooklyn	Medical Society of Kings County, ☎ 718/467-9000
Manhattan	New York County Medical Society, ☎ 212/684-4670
Queens	Queens County Medical Society, ☎ 718/268-7300
Staten Island	Richmond County Medical Society, ☎ 718/442-7267

Most hospitals in the city provide referrals to their member doctors.

Resources for Common Health Concerns

The following organizations and publications provide information about specific disorders along with advice on self-care and disease prevention. Many of the organizations listed under “local” also provide referrals to self-help support groups.

Alcohol and Drug Dependency

Nationwide

American Council on Alcoholism, ☎ 800/527-5344,
www.aca-usa.com

Alcohol and Drug Helpline, ☎ 800/821-4357

Drug Abuse Hotline, ☎ 800/662-HELP

HealthAnswers, www.healthanswers.com

LIFENET, ☎ 800/LIFENET

National Clearinghouse for Alcohol and Drug Information, ☎ 800/729-6686, www.health.org

National Council on Alcoholism and Drug Dependence, ☎ 800/622-2255

Local

New York State Department for Substance Abuse, ☎
212/961-8364

New York State Drug/Alcohol Abuse Hotline, ☎
800/522-5353

Support Groups

Alcoholics Anonymous, ☎ 212/647-1680 (Spanish
212/964-2560)

Chinatown Alcoholism Project, ☎ 212/966-2599
Smart Recovery, ☎ 212/929-6107

Publications and Free Recorded Messages

Aging and Alcohol Abuse. Available free from the National Institute on Aging, ☎ 800/222-2225 (TDD 800/222-4225), www.nih.gov/nia

Alcoholism in the Family and *Early Signs of Addiction*. Both available for sale from Krames Communications, ☎ 800/333-3032

Alcoholism: Scope of the Problem (message 442) and *So You Love an Alcoholic* (message 445). Provided by Tel-Med, ☎ 212/434-3200

Alzheimer's Disease

Nationwide

Alzheimer's Disease Education and Referral Center,
☎ 800/438-4380, www.alzheimers.org/adear

Family Caregiver Alliance, ☎ 415/434-3388, www.caregiver.org/text/index.html

Institute for Brain Aging and Dementia, www.alz.uci.edu

Ask NOAH, www.noah.cuny.edu/aging/aging.html

Triad Helpline, ☎ 888/874-2343

Local

Alzheimer's Association, www.alz.org/

Bronx, Brooklyn, Manhattan, and Queens:

☎ 212/ 983-0700

Staten Island: 📞 718/667-7110
Alzheimer's Center and Long Term Care Services, 📞
212/442-3092

Patient and Caregiver Support Groups

Bronx	Alzheimer's Association, 📞 212/983-0700
Brooklyn	Alzheimer's Association, 📞 212/983-0700 King's Bay YM-YWHA, 📞 718/648-7703
Manhattan	Alzheimer's Association, 📞 212/983-0700 Mt. Sinai Hospital, 📞 212/241-5673
Queens	Alzheimer's Association, 📞 212/983-0700 Alzheimer's Respite Center, 📞 718/343-2105 Forest Hills Community House, 📞 718/592-5757
Staten Island	Alzheimer's Association, 📞 718/667-7110

Publications and a Free Recorded Message

Alzheimer's Disease: Unraveling the Mystery (free) and
Home Safety for the Alzheimer's Patient (for sale).
Available from the Alzheimer's Disease Education
and Referral Center, 📞 800/438-4380, [www.
alzheimers.org/adear](http://www.alzheimers.org/adear)

*Alzheimer's Disease: Where to Go for Help in New York
City; Alzheimer's Disease: A Legal and Financial
Planning Guide for New Yorkers; and Caring for
Alzheimer's Patients: Caregivers Practical Help.* All
available free from the Alzheimer's Center and Long

Term Care Services, ☎ 212/442-3092 (some publications also available in Spanish)

Early Alzheimer's Disease (publication 96-0704) and *Alzheimer's Guideline Overview* (publication 96-R123). Both available free from the U.S. Agency for Health Care Policy and Research, ☎ 800/358-9295, www.ahcpr.gov

Understanding the ABCs of Alzheimer's Disease: A Guide for Caregivers. Available for sale from the American Occupational Therapy Association, ☎ 301/652-AOTA (TDD 800/377-8555)

The Alzheimer's Association, ☎ 212/983-0700, offers a large number of free and for-sale publications in English and Spanish.

Alzheimer's Disease (message 724). Provided by Tel-Med, ☎ 212/434-3200

Arthritis

Nationwide

American Academy of Orthopaedic Surgeons, ☎ 800/346-2267

American College of Rheumatology, www.rheumatology.org

Arthritis Foundation, ☎ 800/283-7800, www.arthritis.org

Local

Arthritis Foundation, New York Chapter, ☎ 212/984-8730, www.arthritisny.org

Publications and Free Recorded Messages

Arthritis: A Comprehensive Guide; The Arthritis Help Book; and Overcoming Rheumatoid Arthritis: What You Can Do for Yourself. All available for sale, along with many other publications, from the Arthritis Foundation, ☎ 212/477-8700

Exercise and Arthritis. Available free from the National Institute of Arthritis and Musculoskeletal and Skin Diseases, ☎ 301/495-4484

Osteoarthritis. Available for sale from Krames Communications, ☎ 800/333-3032

Osteoarthritis: Caring for Your Hands and *Rheumatoid Arthritis: Caring for Your Hands*. Both available for sale from the American Occupational Therapy Association, ☎ 301/652-AOTA (TDD 800/377-8555)

Arthritis and Rheumatism (message 127), *Osteoarthritis* (message 252), *Rheumatoid Arthritis* (message 128), and *Stress and Rheumatoid Arthritis* (message 278). Provided by Tel-Med, ☎ 212/434-3200

Back Disorders

Nationwide

American Chiropractic Association, ☎ 800/368-3083, www.amerchiro.org/aca

Nurse's Back Pain Hotline, Texas Back Institute, ☎ 800/247-2225

Publications and Free Recorded Messages

Back Basics; Back Exercises for a Healthy Back; Caring for Your Low Back; and *Low Back Pain: A Self-Care Guide*. All available for sale from Krames Communications, ☎ 800/333-3032

Back Pain. Available for sale from the Arthritis Foundation, ☎ 212/984-8730, www.arthritis.org

Low Back Pain. Available for sale from the American Academy of Orthopaedic Surgeons, ☎ 800/626-6726

Taking Care of Your Back. Available free from the American Physical Therapy Association, ☎ 703/684-2782, <http://geriatricspt.org/>

Understanding Acute Low Back Problems (publication 95-0644, Spanish 95-0645). Available free from the

U.S. Agency for Health Care Policy and Research,
☎ 800/358-9295, www.ahcpr.gov

Understanding Your Back Injury. Available for sale from the American Occupational Therapy Association, ☎ 800/729-2682

Backaches (message 737), *Sciatica: Low Back Pain* (message 559), and *Stress and Low Back Pain* (message 276). Provided by Tel-Med, ☎ 212/434-3200

Brain Attack. See Stroke

Brain Tumor

Nationwide

American Brain Tumor Association, ☎ 800/886-2282, www.abta.org

National Institute of Neurological Disorders and Stroke, ☎ 800/352-9424, www.ninds.nih.gov

Free Publication

Brain and Spinal Cord Tumors. Available from the National Institute of Neurological Disorders and Stroke, ☎ 800/352-9424, www.ninds.nih.gov

Cancer, General

Nationwide

American Cancer Society, ☎ 800/227-2345, www.cancer.org

American Institute for Cancer Research, ☎ 800/843-8114, www.aicr.org

Chemocare, ☎ 800/552-4366

National Cancer Institute, 800/4-CANCER, www.nci.nih.gov

National Coalition for Cancer Survivorship, ☎ 888/937-6227, www.cansearch.org

Local

Cancer Care, ☎ 212/302-2400

Support Groups

Bronx	American Cancer Society, ☎ 212/237-3837
Brooklyn	American Cancer Society, ☎ 718/237-7850 Cancer Institute of Brooklyn, ☎ 718/972-5816
Manhattan	American Cancer Society, ☎ 212/237-3837 Friends in Deed, ☎ 212/925-2009
Queens	American Cancer Society, ☎ 718/263-2224
Staten Island	American Cancer Society, ☎ 718/987-8871

Free Publications and Recorded Messages

Cancer Facts for People over 50. Available from the National Institute on Aging, ☎ 800/222-2225 (TDD 800/222-4225), www.nih.gov/nia

Cancer Tests You Should Know About: A Guide for People 65 and Over (publication 536C). Available from the Consumer Information Center, P.O. Box 100, Pueblo, CO 81009, www.pueblo.gsa.gov

Managing Cancer Pain: Patient Guide (publication 94-0595, Spanish 94-0596). Available from the U.S. Agency for Health Care Policy and Research, ☎ 800/358-9295, www.ahrpr.gov

Radiation Therapy for Cancer (message 188) and *Seven Warning Signs of Cancer* (message 183). Provided by Tel-Med, ☎ 212/434-3200

Cancer, Bladder

Publication and a Free Recorded Message

Bladder Cancer. Available for sale from Krames Communications, ☎ 800/333-3032

Cancer of the Bladder (message 521). Provided by Tel-Med, ☎ 212/434-3200

Cancer, Brain

Free Recorded Message

Cancer of the Brain (message 522). Provided by Tel-Med, ☎ 212/434-3200

Cancer, Breast

Nationwide, Male and Female

Y-ME National Breast Cancer Organization, ☎ 800/221-2141 (Spanish 800/986-9505), www.y-me.org

Nationwide, Male

<http://interact.withus.com/interact/mbc>

Local, Female

SHARE, 212/719-0364

Publications and Free Recorded Messages

Breast Health and *Breast Lumps*. Both available for sale from Krames Communications, ☎ 800/333-3032

Exercises for Men after Breast Surgery. Available free from the American Cancer Society, ☎ 800/ACS-2345, www.cancer.org

Breast Cancer (message 706) and *Rehabilitation of the Breast Cancer Patient* (message 178). Provided by Tel-Med, ☎ 212/434-3200

Cancer, Gynecological

Local

Cancer Institute of Brooklyn, ☎ 718/972-5816
SHARE, ☎ 212/719-0364

Free Recorded Message

Uterine Cancer (message 186). Provided by Tel-Med,
☎ 212/434-3200

Cancer, Hodgkin's Disease

Local

Leukemia Society of America, ☎ 212/573-8484, www.leukemia.org

Free Recorded Message

Hodgkin's Disease (message 184). Provided by Tel-Med,
☎ 212/434-3200

Cancer, Larynx

Nationwide

International Association of Laryngectomees, c/o
American Cancer Society, ☎ 800/227-2345, www.cancer.org

Free Recorded Message

Cancer of the Larynx (message 523). Provided by Tel-Med,
☎ 212/434-3200

Cancer, Leukemia and Lymphoma

Nationwide

Leukemia Society of America, ☎ 212/573-8484,
www.lukemia.org

Local

Leukemia Society of America, ☎ 212/697-7848
(Staten Island, 718/698-5927)

Free Recorded Message

Leukemia (message 192). Provided by Tel-Med, 212/
434-3200

Cancer, Lung

Nationwide and Local

American Lung Association, ☎ 800/586-4872, www.
lungusa.org

Free Recorded Message

Lung Cancer (message 179). Provided by Tel-Med, ☎
212/434-3200

Cancer, Oral

Free Recorded Message

Oral Cancer (message 524). Provided by Tel-Med, ☎
212/434-3200

Cancer, Prostate (see also Prostate Disorders)

Nationwide

Mathews Foundation for Prostate Cancer Research,
☎ 800/234-6284, www.mathews.org

Local

Memorial Sloan-Kettering Cancer Center (support
groups meet in Brooklyn and Manhattan), ☎
212/639-7036

Publications and a Free Recorded Message

Living with Prostate Cancer. Available for sale from
Krames Communications, ☎ 800/333-3032

Prostate Cancer (publication 547C). Available free from the Consumer Information Center, P.O. Box 100, Pueblo, CO 81009, www.pueblo.gsa.gov

Cancer of the Prostate Gland (message 176). Provided by Tel-Med, ☎ 212/434-3200

Cancer, Skin

Nationwide

American Academy of Dermatology, ☎ 847/330-0230

Skin Cancer Foundation, ☎ 800/754-6490

Free Recorded Message

Cancer of the Skin (message 185). Provided by Tel-Med, ☎ 212/434-3200

Cancer, Stomach

Free Recorded Message

Cancer of the Stomach (message 525). Provided by Tel-Med, ☎ 212/434-3200

Cancer, Testicular

Free Recorded Messages

Testicular Cancer (message 274) and *Testicular Self-Examination* (message 815). Provided by Tel-Med, ☎ 212/434-3200

Cancer Pain (see also Pain)

Free Publication

Managing Cancer Pain: Patient Guide (publication 94-0595, Spanish 94-0596). Available from the U.S. Agency for Health Care Policy and Research, ☎ 800/358-9295, www.ahrpr.gov

Cardiovascular Disease. See Heart and Circulatory Disorders

Cataracts. See Vision Loss and Eye Disorders

Colostomy

Local

Colostomy Society of New York, ☎ 212/903-4732

Depression

Nationwide

American Psychiatric Association, ☎ 202/682-6000,
www.psych.org

National Foundation for Depressive Illness, ☎ 800/
248-4344, www.depression.org

National Institute of Mental Health, ☎ 800/421-
4211

LIFENET, ☎ 800/LIFENET

National Alliance for the Mentally Ill, ☎ 800/950-
NAMI, www.nami.org

National Depressive and Manic Depressive Associa-
tion, ☎ 800/82-NDMDA, www.ndmda.org

National Mental Health Consumers' Self-Help Clear-
inghouse, ☎ 800/553-4539, www.libertynet.org/
~mha/cl_house.html

National Mental Health Association, ☎ 800/969-
6642, www.nmha.org

Local

Asian Bicultural Clinic, Gouverneur Hospital (Can-
tonese and Mandarin), ☎ 212/238-7332

Friends and Advocates of the Mentally Ill, ☎
212/684-FAMI

Late Life Depression Research Center, Columbia-Pres-
byterian Medical Center, ☎ 212/543-5825

Depression

Depression is an illness that affects one in five seniors. Factors that can trigger this disease include:

- disabilities, including functional losses after an illness such as stroke
- life transitions, such as retirement or the loss of a loved one
- biochemical changes in the body, especially after a serious illness or major life transition
- a family or personal history of mental or emotional problems
- alcoholism and drug dependency

The symptoms of depression include:

- a bleak, hopeless mood
- loss of interest in the pleasures of life
- loss of appetite
- unintended weight change
- restlessness
- problems with sleep, either too much or too little
- unexplained fatigue, loss of energy, or feelings of sluggishness
- feelings of exaggerated guilt over minor problems
- feelings of worthlessness
- an inability to think clearly or to concentrate
- thoughts of death or suicide

Depression is treatable, often with easy-to-take prescription and nonprescription medications. If you have one of the first two of the above symptoms plus five or more of the others, speak to your doctor and ask for help from a psychiatrist or psychologist.

Older Adult Treatment Service, Institute for Contemporary Psychotherapy, ☎ 212/595-3444
Recovery Inc., ☎ 718/273-2228

Support Groups

- Citywide Alliance for the Mentally Ill of New York State,
☎ 800/950-3228
- Bronx Bronx Alliance for the Mentally Ill, ☎ 718/920-4239
Bronx Support Group for Families of the Mentally Ill,
☎ 718/515-2800
- Brooklyn Emotions Anonymous,
☎ 718/934-3451
- Manhattan Depressives Anonymous (women only),
☎ 212/689-2600
Healing from Suicidal Pain,
☎ 212/759-7033
New York Service Program for Older People,
☎ 212/787-7120
Mood Disorders Support Groups, ☎ 212/533-6374
- Queens Client Support Network (meets in Sunnyside),
☎ 212/684-3365
Jamaica Alliance for the Mentally Ill, ☎ 718/883-6650
Mental Health Society of Queens County,
☎ 718/479-0030
Samuel Field YM-YWHA,
☎ 718/224-0566

Western Queens Alliance
for the Mentally Ill,
☎ 718/441-6870

Publications

Answers to Your Questions about Clinical Depression; Coping with Growing Older; Depression in Late Life: Not a Natural Part of Aging; and Overcoming Depression in Later Life. All available free from the National Mental Health Association, ☎ 800/969-6642, www.nmha.org

Depression: A Common and Treatable Problem; Overcoming Depression; and When a Loved One Is Depressed. All available for sale from Krames Communications, ☎ 800/333-3032

Depression: A Serious but Treatable Illness. Available free from the National Institute on Aging, ☎ 800/222-2225 (TDD 800/222-4225), www.nih.gov/nia

Depression Home Page, www.isca.uiowa.edu/users/david-caropreso/depression.html

Depression Is a Treatable Illness: A Patient's Guide (publication 93-0553, Spanish 93-0554). Available free from the U.S. Agency for Health Care Policy and Research, ☎ 800/358-9295, www.ahrp.gov

Growing Older and Wiser. Available for sale from the American Association for Geriatric Psychiatry, ☎ 301/654-7850

If You're over 65 and Feeling Depressed: Treatment Brings New Hope. Available free from the National Institute of Mental Health, ☎ 800/647-2642, www.nimh.nih.gov

Mental Health of the Elderly. Available free from the American Psychiatric Association, ☎ 202/682-6000, www.psych.org

On Being Alone (publication D 150); *If You're over 65 and Feeling Depressed* (publication D 14862); and

So Many of My Friends Have Moved Away or Died (publication D 13831). All available free to members of the American Association of Retired Persons, ☎ 800/424-3410

Free Recorded Messages

Depression (message 353), *Loneliness* (message 487), and *Warning Signs of Suicide* (message 626). Provided by Tel-Med, ☎ 212/434-3200

National Foundation for Depressive Illness, ☎ 800/248-4344

Diabetes

Nationwide

American Diabetes Association ☎ 212/725-4925, www.diabetes.org

Diabetes Control Network, ☎ 800/DCN-5554

Diabetes Helpline, ☎ 202/298-9211

National Diabetes Information Clearinghouse, ☎ 301/654-3327, www.niddk.nih.gov

Local

For New York City clubs and support groups: 800/342-2383

Publications and Free Recorded Messages

American Diabetes Association Complete Guide to Diabetes; 101 Tips for Staying Healthy with Diabetes; How to Get Great Diabetes Care; and many other publications, including recipe books. Available for sale from the American Diabetes Association, ☎ 800/232-6733, www.diabetes.org

Dealing with Diabetes. Available free from the National Institute on Aging, 800/222-2225 (TDD ☎ 800/222-4225), www.nih.gov/nia

Dental Tips for Diabetics. Available free from the National Institute of Dental Research, ☎ 301/496-4261

Diabetes and Vision Care. Available free from the Better Vision Institute, ☎ 800/424-8422, www.visionsite.org

Diabetic Foot Care; Treating Diabetic Retinopathy; Type I Diabetes; and Type II Diabetes. All available for sale from Krames Communications, ☎ 800/333-3032

The First Step in Diabetes Meal Planning, and Stepping Out: A Diabetes Exercise Starter Kit. Both available for sale from the American Dietetic Association, ☎ 800/877-1600, x5000

Foot Care for the Diabetic Patient. Available free from the National Diabetes Information Clearinghouse, ☎ 301/654-3327

Your Podiatric Physician Talks about Diabetes. Available free from the American Podiatric Medical Association, ☎ 800/366-8227

Are You a Diabetic? (message 711), *Diabetic Diets* (message 609), *Foot Care for Diabetics* (message 722), *Hypoglycemia* (message 565), and *Stress and Diabetes* (message 292). Provided by Tel-Med, ☎ 434-3200

Drug Dependency. See Alcohol and Drug Dependency

Ear Disorders. See Hearing Disorders

Emphysema. See Respiratory Disorders

Eye Disorders. See Vision Loss and Eye Disorders

Foot Care (see also Diabetes)

Free Publication

Foot Care. Available from the National Institute on Aging, ☎ 800/222-2225 (TDD 800/222-4225), www.nih.gov/nia

Hearing Disorders

Nationwide

American Academy of Otolaryngology—Head and Neck Surgery, ☎ 703/519-1528

American Speech-Language-Hearing Association Helpline, ☎ 800/638-8255 (voice and TTY), www.asha.org

American Tinnitus Association, ☎ 503/248-9985

Deafness Research Foundation, ☎ 800/535-3323 (TDD same), www.drf.org

Hearing Aid Helpline, ☎ 800/521-5247

National Association of the Deaf, ☎ 301/587-1788 (TDD 301/587-1789)

National Information Center on Deafness, ☎ 202/651-5051 (TDD 202/651-5052)

National Institute on Deafness and Other Communication Disorders, ☎ 800/241-1044 (TDD 800/241-1055), nih.gov/nidcd

Older Adult Program, Helen Keller National Center, ☎ 972/490-9677

Self Help for Hard of Hearing People, ☎ 301/657-2249

Local

League for the Hard of Hearing, ☎ 212/741-7650 (TDD 212/255-1932), www.lhh.org

New York Society for the Deaf, ☎ 212/777-3900, www.nysd.org

New York State Relay Services for the Deaf (facilitates telephone communication between people using text or telebraille telephones and people using standard telephones), ☎ 800/421-1220 (TDD 800/662-1220)

Free Hearing Test

Dial A Hearing Test, ☎ 800/222-EARS

Free Publications

Aging and Hearing Loss: Some Commonly Asked Questions and Managing Hearing Loss in Later Life. Both available from the National Information Center on Deafness, ☎ 202/651-5051 (TDD 202/651-5052)

Coping with the Stress of Tinnitus; Information about Tinnitus; and Noise and Its Effects on Hearing and Tinnitus. All available from the American Tinnitus Association, ☎ 503/248-9985

Hearing and Older People. Available from the National Institute on Aging, ☎ 800/222-2225 (TDD 800/222-4225), www.nih.gov/nia

Hearing Aids. Available for sale from Krames Communications, ☎ 800/333-3032

How to Buy a Hearing Aid and Tinnitus. Both available from the American Speech-Language-Hearing Association, ☎ 800/638-8255 (voice and TTY), www.asha.org

Travel Tips for Hearing Impaired People. Available from the American Academy of Otolaryngology, ☎ 703/836-4444 (TDD 703/519-1585)

Heart and Circulatory Disorders (see also Hypertension)

Nationwide

American Heart Association, ☎ 212/661-5335 (for women, 888/694-3277), www.americanheart.org

Local

American Heart Association of New York, ☎ 212/661-5335 (Staten Island: 718/720-1133), www.americanheart.org

Mended Hearts, P.O. Box 83, Bronx, NY 10461-0083

Publications and Free Recorded Messages

After a Heart Attack; Coronary Artery Bypass Graft Surgery; The Healthy Heart Walking Book; Living with Your Pacemaker; and many other publications. All available free from the American Heart Association, ☎ 800/242-8721, www.americanheart.org

After Your Heart Attack; Cardiac Rehabilitation; Congestive Heart Failure; Stripping Away the Barriers to a Healthy Heart; and *Women and Heart Disease*. All available for sale from Krames Communications, ☎ 800/333-3032

Heart-to-Heart: What Older Women Need to Know about Heart Disease (publication D 14260). Available free to members of the American Association of Retired Persons, ☎ 800/424-3410

It's Time for a Heart to Heart. Available free from the Alliance for Aging Research, ☎ 202/293-2856, www.agingresearch.org

Living with Heart Disease: Is It Heart Failure? Patient and Family Guide (publication 94-0614, Spanish 94-0615) and *Recovering from Heart Problems through Cardiac Rehabilitation: Patient Guide* (publication 96-0674, Spanish 96-0675). Both available free from the U.S. Agency for Health Care Policy and Research, ☎ 800/358-9295, www.ahcpr.gov

Some Answers about Coronary Heart Disease. Available for sale from the American Health Assistance Foundation, ☎ 800/437-2423, www.ahaf.org

Women and Heart Disease. Available for sale from Krames Communications, ☎ 800/333-3032

Angina (message 330), *Arteriosclerosis* (message 329), *Chest Pains* (message 765), *Congestive Heart Failure* (message 257), *Early Warning Signs of a Heart Attack* (message 763), *Heart Failure* (message 772), *How to Decrease the Risk of Heart Disease* (message 328), *Sex after a Heart Attack* (message 377), and *Stress and*

Heart Disease (message 291). Provided by Tel-Med,
☎ 212/434-3200

Hip Replacement

Publications

After Your Total Hip Replacement Operation and Daily Activities after Your Hip Surgery. Both available for sale from the American Occupational Therapy Association, ☎ 301/652-AOTA (TDD 800/377-8555)

Total Hip Replacement. Available for sale from Krames Communications, ☎ 800/333-3032

Hodgkin's Disease. See Cancer, Hodgkin's Disease

Huntington's Disease

Nationwide

Family Caregiver Alliance, www.caregiver.org

Huntington's Disease Society of America, ☎ 212/242-1968, hdsa.mgh.harvard.edu

National Institute of Neurological Disorders and Stroke, ☎ 800/352-9424, www.ninds.nih.gov

Hypertension

Free Recorded Messages

Causes of High Blood Pressure (message 788), *Cigarette Smoking and Alcohol* (message 789), *Complications of Hypertension* (message 790), *Diet and Exercise* (message 791), *High and Low Blood Pressure* (message 794), *Hypertension* (message 625), *Understanding Hypertension* (message 798), and *When Is Treatment Recommended?* (message 799). Provided by Tel-Med, ☎ 212/434-3200

Impotence

Nationwide

American Foundation for Urologic Disease, ☎ 800/242-2383, www.afud.org

Geddings Osbon Foundation Impotence Resource Center, ☎ 800/433-4215, www.impotence.org

Impotence Information Center, ☎ 800/843-4315

Impotence World Association, ☎ 800/669-1603, www.impotenceworld.org

Publications

It Takes Two: A Couple's Guide to Erectile Dysfunction. Available for sale from the American Foundation for Urologic Disease, ☎ 800/242-2383, www.afud.org

Knowledge Is the Best Medicine. Available free from the Impotence World Association, ☎ 800/669-1603, www.impotenceworld.org

Understanding Erectile Dysfunction. Available for sale from Krames Communications, ☎ 800/333-3032

Incontinence

Nationwide

American Foundation for Urologic Disease, ☎ 800/242-2383, www.afud.org

Continence Restored, ☎ 914/285-1470

Incontinence Information Center ☎ 800/843-4315

National Association for Continence, ☎ 800/252-3337, www.nafc.org

Simon Foundation for Continence, ☎ 800/237-4666

United Ostomy Association, ☎ 800/826-0826, www.uoa.org

Publications

Incontinence. Available for sale from Krames Communications, ☎ 800/333-3032

Incontinence: Everything You Wanted to Know but Were Afraid to Ask. Available free from the Alliance for Aging Research, ☎ 800/497-0360, www.agingresearch.org

Management Techniques for Continence. Available free from Home Delivery Incontinent Supplies, ☎ 800/538-1036

Understanding Incontinence (publication 96-0684, Spanish 96-0685). Available free from the U.S. Agency for Health Care Policy and Research, ☎ 800/358-9295, www.ahcpr.gov

Urinary Incontinence. Available free from the National Institute on Aging, ☎ 800/222-2225 (TDD 800/222-4225), www.nih.gov/nia

Joint Replacement

Publications

Total Hip Replacement and Total Knee Replacement. Both available for sale from Krames Communications, ☎ 800/333-3032

Kidney Disorders

Nationwide

American Association of Kidney Patients, ☎ 800/749-2257, www.aakp.org

American Kidney Fund, ☎ 800/638-8299, www.arbon.com/kidney

National Kidney Foundation, ☎ 212/889-2210, www.kidney.org

National Kidney and Urologic Diseases Information Clearinghouse, ☎ 301/654-4415, www.niddk.nih.gov

Polycystic Kidney Foundation, ☎ 800/753-2873,
www.kumc.edu/pkrf/

Local

New York Chapter, American Association of Kidney
Patients, ☎ 212/242-2257

*Leukemia and Lymphoma. See Cancer, Leukemia
and Lymphoma*

Liver Disorders

Nationwide

American Liver Foundation, ☎ 800/223-0179, www.
liverfoundation.org

Lung Disorders. See Respiratory Disorders

Macular Degeneration. See Vision Loss and Eye Disorders

Osteoporosis

Nationwide

American Academy of Orthopaedic Surgeons, ☎
800/346-2267

National Osteoporosis Foundation, ☎ 800/223-
9994, www.nof.org

North American Menopause Society ☎ 900/370-
6267, www.menopause.org

Osteoporosis and Related Bone Disease National Re-
source Center, ☎ 202/223-0344

Publications and a Free Recorded Message

Avoiding Osteoporosis and *A Woman's Guide to Osteo-
porosis*. Both available for sale from Krames Com-
munications, ☎ 800/333-3032

An Older Person's Guide to Osteoporosis; Osteoporosis: A Woman's Guide; and Stand Up to Osteoporosis: Your Guide to Staying Healthy and Independent through Prevention and Treatment. All available free from the National Osteoporosis Foundation, ☎ 800/223-9994, www.nof.org

Preventing Osteoporosis. Available free from the American College of Obstetricians and Gynecologists, ☎ 202/863-2518

Osteoporosis (message 823). Provided by Tel-Med, ☎ 212/434-3200

Paget's Disease

Nationwide

The Paget Foundation, P.O. Box 341, New York, NY 10014-4810

Free Publication

Understanding Paget's Disease. Available from the National Institute of Arthritis and Musculoskeletal and Skin Diseases, ☎ 800/624-BONE

Pain (see also Back Disorders)

Nationwide

American Chronic Pain Association, ☎ 916/632-0922, www.theacpa.org

National Chronic Pain Outreach Association, ☎ 540/997-5004

National Council on the Aging, ☎ 202/479-1200 (TDD 202/479-6674), www.ncoa.org

National Headache Foundation, ☎ 800/843-2256, www.headaches.org

National Institute of Neurological Disorders and Stroke, ☎ 800/352-9492, www.ninds.nih.gov

Local

Pain Busters of New York City, ☎ 212/222-7933

Publications and Free Recorded Messages

Bursitis, Tendinitis and Localized Pain Syndromes.

Available for sale from the Arthritis Foundation,

☎ 212/984-8730, www.arthritis.org

Chronic Pain. Available free from the National Institute of Neurological Disorders and Stroke, ☎

800/352-9424, www.ninds.nih.gov

Chronic Pain Letter (news on therapies, merchandise, etc.), ☎ 718/797-0015

Managing Cancer Pain: Patient Guide (publication 94-0595, Spanish 94-0596) and *Pain Control after Surgery: A Patient's Guide* (publication 92-0021, Spanish 92-0068). Both available free from the U.S. Agency for Health Care Policy and Research, ☎ 800/358-9295, www.ahcpr.gov

Chronic Pain: How to Make It Stop (message 820) and *Neck Pains* (message 201). Provided by Tel-Med,

☎ 212/434-3200

Parkinson's Disease

Nationwide

American Parkinson's Disease Association, ☎ 718/981-8001, www.apdaparkinson.com

Family Caregiver Alliance, www.caregiver.org

National Institute of Neurological Disorders and Stroke, ☎ 800/352-9424, www.ninds.nih.gov

United Parkinson Foundation, 312/733-1893

Local

New York Parkinson's Disease Foundation, ☎ 212/923-4700, www.parkinsons-foundation.org

Free Publications and a Recorded Message

Be Active: A Suggested Exercise Program for People with Parkinson's Disease; Be Independent! A Guide for People with Parkinson's Disease; Coping with Parkinson's Disease; Good Nutrition in Parkinson's Disease; Let's Communicate: A Speech and Swallowing Program for Persons with Parkinson's Disease; and Parkinson's Disease Handbook: A Guide for Patients and Their Families. These and other publications available from the American Parkinson's Disease Association, ☎ 718/981-8001, www.apdaparkinson.com

One Step at a Time; The Patient Experience; and The Exercise Program. All available from the United Parkinson Foundation, ☎ 312/733-1893

Parkinson's Disease. Available from the National Institute of Neurological Disorders and Stroke, ☎ 800/352-9424, www.ninds.nih.gov

The Parkinson's Web, www.pdweb.mgh.harvard.edu

Parkinsonism (message 826). Provided by Tel-Med, ☎ 212/434-3200

Pneumonia. See Respiratory Disorders

Prostate Disorders (see also Cancer, Prostate)

Nationwide

American Foundation for Urologic Disease, ☎ 800/242-2383, www.afud.org

National Association for Continence, ☎ 800/252-3337, www.nafc.org

National Kidney and Urologic Diseases Information Clearinghouse, ☎ 301/654-4415, www.niddk.nih.gov

Us Too! International, ☎ 800/808-7866, www.ustoo.com

Publications and Free Recorded Messages

The Prostate: A Guide for Men and the Women Who Love Them. Available for sale from the National Association for Continence, ☎ 800/252-3337, www.nafc.org

Prostate Enlargement: Benign Prostatic Hyperplasia. Available free from the National Kidney and Urologic Diseases Information Clearinghouse, ☎ 301/654-4415

Prostate Health and Treating Prostate Problems. Both available for sale from Krames Communications, ☎ 800/333-3032

Prostate Problems. Available free from the National Institute on Aging, ☎ 800/222-2225 (TDD 800/222-4225), www.nih.gov/nia

Treating Your Enlarged Prostate: Patient Guide (publication 94-0584, Spanish 94-0585). Available free from the U.S. Agency for Health Care Policy and Research, ☎ 800/358-9295, www.ahrp.gov

Prostate Gland Enlargement (message 804). Provided by Tel-Med, ☎ 212/434-3200

Rare ("Orphan") Disorders

Nationwide

National Organization for Rare Disorders, ☎ 800/999-6673, www.nord-rbd.com/~orphan

Office for Orphan Drugs Development, ☎ 800/300-7469

Respiratory Disorders (see also Cancer, Lung)

Nationwide and Local

American Lung Association, ☎ 800/586-4872, www.lungusa.org

Local

Asthma/Emphysema Self-Help Group, ☎ 212/777-0486

Free Recorded Messages

Chronic Bronchitis (message 352), *Chronic Cough* (message 581), and *Pulmonary Emphysema* (message 713). Provided by Tel-Med, ☎ 212/434-3200

Senility

Free Recorded Message

Senility and Aging (message 560). Provided by Tel-Med, ☎ 212/434-3200

Sexual Function (see also Impotence)

Free Publication and Recorded Messages

Sexuality in Later Life. Available from the National Institute on Aging, ☎ 800/222-2225 (TDD 800/222-4225), www.nih.gov/nia

Fears of the After-Forty Man (message 175), *Female Sexual Dysfunction* (message 462), *Male Sexual Dysfunction* (message 461), *Sex After a Heart Attack* (message 377), *Sexuality and Aging* (message 481), and *Stress and Sexual Disorders* (message 499). Provided by Tel-Med, ☎ 212/434-3200

Sleep Disorders

Nationwide

National Sleep Foundation, ☎ 202/347-3471, www.sleepfoundation.org

Publications and Free Recorded Messages

A Good Night's Sleep. Available free from the National Institute on Aging, ☎ 800/222-2225 (TDD 800/222-4225), www.nih.gov/nia

Sleep and Aging; Sleep and Pain; and When You Can't Sleep.
All available for sale from the National Sleep Foundation, ☎ 202/347-3472, www.sleepfoundation.org
Sleep Disorders (message 357) and *SleepLine* (message 757). Provided by Tel-Med, 212/434-3200

Stroke

Nationwide

American Heart Association Stroke Connection, ☎ 800/553-6321 (for women, 888/694-3277), www.americanheart.org

Family Caregiver Alliance, www.caregiver.org

National Institute of Neurological Disorders and Stroke, ☎ 800/352-9424, www.ninds.nih.gov

National Stroke Association, ☎ 800/STROKES, www.stroke.org

Local

American Heart Association of New York, 212/661-5335, www.americanheart.org

Publications and a Free Recorded Message

After a Brain Attack; Preventing a Brain Attack; and Stroke Rehabilitation. All available for sale from Krames Communications, ☎ 800/333-3032

Caring for a Person with Aphasia; How Stroke Affects Behavior; Recovering from a Stroke; and many other publications. Available free from the American Heart Association, ☎ 800/242-8721, www.americanheart.org

The Facts about Stroke: Protect Yourself and Your Loved Ones and many other publications. All available for sale from the American Health Assistance Foundation, ☎ 800/437-2423, www.ahaf.org

Helpmates (advice for caregivers and survivors); *Home Exercises for Stroke Survivors; NSA's Guide to Stroke;*

and *The Road Ahead: A Stroke Recovery Guide*. All available for sale from the National Stroke Association, ☎ 800/787-6537, www.stroke.org

Recovering from a Stroke: Patient and Family Guide (publication 95-0664, Spanish 95-0665). Available free from the U.S. Agency for Health Care Policy and Research, ☎ 800/358-9295, www.ahcpr.gov

Stroke: Prevention and Treatment. Available free from the National Institute on Aging, ☎ 800/222-2225 (TDD 800/222-4225), www.nih.gov/nia

Stroke-Aphasia (message 326). Provided by Tel-Med, ☎ 212/434-3200

Surgery

Free Publication

Be Informed: Questions to Ask Your Doctor Before You Have Surgery. Available from the U.S. Agency for Health Care Policy and Research, ☎ 800/358-9295, www.ahcpr.gov

Thyroid Disorders

Nationwide

Thyroid Foundation of America, Ruth Sleeper Hall
350, 40 Parkman Street, Boston, MA 02114-2698

Thyroid Society for Education and Research, ☎
800/849-7643, www.the-thyroid-society.org

Vision Loss and Eye Disorders

Nationwide

American Council of the Blind, ☎ 800/424-8666,
www.acb.org

American Foundation for the Blind, ☎ 800/232-
5463, www.afb.org

Free Eye Care

The National Eye Care Project (NECP) provides medical eye examinations and treatment to seniors who are age 65 and older and do not already have an eye doctor (ophthalmologist). If you are receiving Medicare or other insurance benefits, these will be accepted as payment-in-full. If you are not receiving such benefits and cannot afford to pay for care, you will be treated free of charge. The program does not cover prescription eyeglasses and hospital charges.

For information about the program, local NECP doctors, and eye diseases: ☎ 800/222-3937

Better Vision Institute, ☎ 800/424-8422, www.visionsite.org

Glaucoma Foundation, ☎ 800/452-8266, www.glaucoma-foundation.org

Glaucoma Research Foundation, ☎ 800/826-6693, www.glaucoma.org

Lighthouse National Center for Vision and Aging, ☎ 800/334-5497, www.lighthouse.org

National Eye Care Project, ☎ 800/222-3937, www.eyenet.org

National Eye Institute, ☎ 301/496-5248

National Retinitis Pigmentosa Foundation, ☎ 800/683-5555, www.blindness.org

Older Adult Program, Helen Keller National Center, ☎ 972/490-9677

Prevent Blindness America, ☎ 800/331-2020, www.prevent-blindness.org

Local

The Lighthouse, ☎ 212/821-9200

Gambling

Seniors are major victims of the gambling industries, which include casinos, lotteries, video games, internet games, sports betting, and stock market speculation. Problem gamblers often show such symptoms as being short of cash for necessities (in spite of an adequate income), a narrowing of friendships to other gamblers, a narrowing of interests to things related to gambling, and frequent mood swings (often resulting from wins and losses).

Information about problem gambling, along with referrals to free and low-cost treatment in New York City, is available from the New York Council on Problem Gambling, ☎ 800/522-4700. The National Council maintains a website: www.ncpgambling.org

Jewish Guild for the Blind, ☎ 212/769-6200

State University of New York Optometric Center
(provides at-home exams for homebound seniors),
☎ 212/780-4930

Visions, ☎ 212/425-2255

The Volunteer Support Project (VSP) of the New York City Department for the Aging helps people age 55 and older who are legally blind. VSP volunteers, who range in age from 14 to 75, provide such services as reading, writing letters, and escort. For information: ☎ 212/442-3158

Publications and Free Recorded Messages

Answers to Your Questions about Glaucoma; Answers to Your Questions about Cataracts; Living with Low Vision; Your Vision; The Second 50 Years; and many other publications. All available free from the American Optometric Association, ☎ 314/991-4100

Cataracts; Diabetes and Vision Care; and Vision Problems of the Aging. All available free from the Better Vision Institute, ☎ 800/424-8422, www.vision-site.org

Cataract in Adults: A Patient's Guide (publication 93-0544, Spanish 93-0545). Available free from the U.S. Agency for Health Care Policy and Research, ☎ 800/358-9295, www.ahcpr.gov

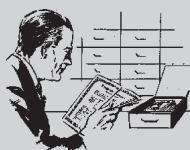
Macular Degeneration; Treating Your Cataracts; and Understanding Glaucoma. All available for sale from Krames Communications, ☎ 800/333-3032

Lifting the Clouds of Cataracts (publication 619C). Available free from the Consumer Information Center, P.O. Box 100, Pueblo, CO 81009, www.pueblo.gsa.gov

Some Answers about Glaucoma. Available for sale from the American Health Assistance Foundation, ☎ 800/437-2423, www.ahaf.org

Understanding and Living with Glaucoma. Available free from the Glaucoma Research Foundation, ☎ 800/826-6693, www.glaucoma.org

Cataracts (message 472) and *Glaucoma* (message 709). Provided by Tel-Med, ☎ 212/434-3200



Financial and Legal Choices

Income Programs

Social Security

Social Security is an insurance program that provides retirement, disability, and life insurance benefits for most U.S. wage-earners and their families. In 1999 the average monthly benefit for a retired worker is \$780. The maximum monthly benefit for a worker retiring in 1999 at age 65 is \$1,360.

Some 4.4 percent of wage-earners are exempt from the system, principally federal employees hired before 1984, railroad workers, and members of religious organizations who have taken a vow of poverty.

Who Qualifies for Benefits?

Retirement benefits are available to wage-earners and their dependents if the wage earner:

1. worked part-time or full-time for at least 10 years,
2. paid the payroll tax called “FICA” (for Federal Insurance Contribution Act), and
3. acquired 40 Social Security “credits”

Swindlers Who Pose as Social Security Agents

Beware of strangers who come to your home claiming to be Social Security agents. They may say that they are conducting a survey or that they want to tell you about the benefits you are entitled to. Often they come in pairs so that one can pretend to interview you while the other searches your home for money and valuables.

Sometimes Social Security does send a legitimate agent to a person's home. If an agent comes to your door and you have not been told to expect someone, call Social Security, ☎ 800/772-1213. Ask if the agent should be there. Do not let him/her inside your home until you have verification from Social Security.

Disability benefits, along with benefits for the dependents of disabled wage-earners, are available to those with as few as 20 credits (see "Disability Benefits" below).

Survivor benefits are available to dependents and ex-spouses if a wage-earner meets the three qualifications listed above. (Disabled wage-earners need fewer work years and fewer credits for their survivors to qualify.)

The FICA Tax and Social Security Credits

A wage-earner needs 40 credits for most benefits and can earn up to four credits a year. In 1980, \$290 in FICA-taxed wages earned one credit, and \$1,160 earned four credits. By 1999, \$740 in FICA-taxed wages was needed to earn one credit, \$2,960 to earn four. Wages above these levels (up to \$72,600 in 1999) are FICA-taxed even though no more than four credits can be earned in a single year.

The FICA tax is 7.65 percent of wages (15.3 percent for the self-employed). Part of the FICA tax (1.45 percent of wages, 2.9 percent for the self-employed) pays for Medicare coverage, and this portion of the tax applies to all earnings, not just to the first \$72,600.

How to Get an Estimate of Benefits

A record of reported wages and FICA taxes, along with an estimate of monthly retirement, disability, and survivor payments, can be obtained free by filling out a form available from Social Security, ☎ 800/772-1213 (TDD 800/325-0778). The form is also available at local Social Security offices. An estimate of monthly payments (but not a record of earnings) can be obtained online at www.ssa.gov by those with an E-mail address.

When and How to Apply for Benefits

A wage-earner's retirement benefits can begin at age 62. For each month that a wage-earner delays receiving payments his/her lifelong monthly benefit rate increases, along with that of all eligible dependents.

Spouse/ex-spouse retirement benefits can begin at age 62 provided the insured wage-earner is also age 62 or older. The longer a spouse/ex-spouse waits to receive benefits, the higher his/her lifetime monthly rate will be.

Disability benefits for a wage-earner and his/her dependents can begin at any age.

Surviving spouse/ex-spouse benefits can begin at age 60 (50 if the survivor is disabled).

Application for benefits can be made by phone or at a Social Security office. To make a telephone or in-person appointment, call ☎ 800/772-1213 (TDD 800/325-0778). Be prepared to wait as long as three to four hours after you arrive for an in-person office appointment.

Apply three months before you wish to begin receiving payments. Always file a formal written application, even

if a Social Security employee says you are not eligible. (The date of your application will affect your benefit rate if it turns out you are eligible.)

As part of the application process you will be asked to provide some or all of the following information and documents, depending on which benefits you are applying for. If documents are not available, Social Security will help you obtain them.

1. your Social Security number
2. your birth certificate
3. your W-2 forms or self-employment earnings records for the last year
4. your spouse's Social Security number
5. your spouse's birth certificate
6. your spouse's W-2 forms or self-employment earnings records for the last year
7. proof of marriage
8. your children's birth certificates
9. bank account information for direct deposit of payments

Wage-earners and their dependents who apply for disability benefits will be asked for medical and work-history information.

Surviving family members will need proof of death.

Ex-spouses will need proof of divorce.

Parents will need proof of the wage-earner's support.

The Maximum Family Benefit

A family is limited in the amount of benefits its members can receive based on one family member's wage record. There are two exceptions: (1) The wage-earner's benefit rate is calculated separately; it remains the same no matter how many family members claim a benefit based on that same record. (2) Benefits paid to ex-spouses do not count toward the family-benefit limit.

For family members of a retired or deceased wage-earner, the total benefits can be no more than 188 percent of the wage-earner's rate. For family members of a disabled wage-earner, the total benefits can be no more than 150 percent. If several family members (for example, a spouse and children) all qualify for benefits based on the wage-earner's record, the amount paid to each may be reduced to keep the total within the family-benefit limit.

Calculation of Multiple Benefits

If you are entitled to more than one Social Security benefit (for example, a retirement benefit based on your own wage record and a survivor benefit based on your spouse's wage record), you will receive a single payment equal to the highest rate to which you are entitled. Where more than one benefit source is involved (for example, Social Security plus Workers' Compensation plus a veteran's benefit), you may or may not have your Social Security payments reduced. Ask Social Security to explain the choices available to you.

Reductions in Benefits Resulting from Earned Income

There is no reduction in Social Security benefits as a result of "unearned" income (for example, from interest, dividends, and pensions). However, there are reductions for earned income. In 1999 these reductions apply to those who (1) are under age 65 and earn \$9,600 or more in a year, or (2) are age 65–69 and earn \$15,500 or more. Those age 70 or older can earn any amount without losing benefits.

If a retired wage-earner earns income above these limits, both his/her benefit rate and that of all dependents will be reduced. If a dependent's income is above these limits, only his/her benefit rate is reduced.

Earnings are subject to income taxes and the FICA payroll tax. These earnings are added to your Social Secu-

rity record and, if higher than your average pre-retirement earnings, may result in a higher benefit rate for you and your dependents in future years.

Free Publication

How Work Affects Your Benefits (publication 05-10069).
Available from Social Security, ☎ 800/ 772-1213
(TDD 800/325-0778), www.ssa.gov

Income Taxes on Benefits

Whether or not your Social Security benefits are subject to income taxes depends on your “combined income.” Combined income consists of (1) your adjusted gross income as reported on tax form 1040, plus (2) all nontaxable interest income, plus (3) one-half of your Social Security benefits. In 1998 a single person whose combined income was between \$25,000 and \$34,000 and a couple whose combined income was between \$32,000 and \$44,000 were taxed on 50 percent of their total Social Security benefits. A single person whose combined income was above \$34,000 and a couple whose combined income was above \$44,000 were taxed on as much as 85 percent of their benefits.

Free Publication

Tax Information for Older Americans (publication 554).
Available from Social Security, ☎ 800/829-3676,
www.ssa.gov

Retirement Benefits

Benefits for a Retired Wage-Earner

A retired wage-earner is eligible for monthly payments if he/she is at least age 62 and has acquired 40 Social Security credits. The amount paid is based on the wage-earner’s total FICA-taxed wages over his/her entire work-

ing lifetime (plus cost-of-living increases based on the rate of inflation). As stated above, there may be reductions in the benefit rate if the worker continues to earn income or if he/she is also receiving benefits from other sources. In 1998 the retirement benefit ranged from about \$120 a month to over \$1,300.

Benefits for Spouses and Ex-Spouses of a Retired Wage-Earner

To be eligible for benefits based on the wage record of a retired spouse/ex-spouse:

1. you must be age 62 or older (any age if you are caring for a child of the wage-earner who is 16 or younger or who became disabled before 22), and
2. your spouse must be receiving retirement or disability benefits (your ex-spouse needs only to be eligible for such benefits)

In addition:

3. If you are the current spouse, you must have been married to the wage-earner for at least a year or have had a child together.
4. If you are the ex-spouse:
 - a. you must be unmarried at the time you apply for benefits,
 - b. you must have been married to the wage-earner for at least ten years,
 - c. the wage-earner must be age 62 or older, and
 - d. you and your ex-spouse must have been divorced for at least two years; however, there is no two-year waiting period if the wage-earner was already receiving retirement benefits when you divorced

If the spouse/ex-spouse begins receiving payments at age 65, they will amount to one-half of the insured

wage-earner's retirement rate. If the payments begin at age 62–65, the benefit rate will be lower. (The reduction may not apply if the spouse/ex-spouse is caring for a child of the wage-earner.)

Payments to spouses are reduced if the wage-earner's earnings in retirement exceed the limits given above. If divorce occurs while a person is receiving spouse benefits, these benefits continue until the retired wage-earner dies or until the person receiving the benefits remarries.

When a retired wage-earner dies, the benefits paid to the spouse/ex-spouse end, and he/she becomes eligible for survivor benefits.

Benefits for Children of a Retired Wage-Earner

Each child of a retired wage-earner is eligible for benefits equal to half of the wage-earner's benefit rate. To qualify, the child must be:

1. dependent on the wage-earner,
2. unmarried, and
3. age 18 or younger (19 or younger if a full-time student through grade 12)

A child who becomes disabled before the age of 22 is eligible for benefits at any age until the child recovers or marries someone who is not disabled.

Benefits end when a retired wage-earner dies. Children then become eligible for survivor benefits.

Benefits for Grandchildren of a Retired Wage-Earner

The grandchildren of a retired wage-earner are eligible for benefits if the wage-earner is caring for them and either:

1. both of the child's parents are disabled or deceased,
or
2. the grandparent has adopted the children

Free Publication

Retirement Benefits (publication 05-10035). Available from Social Security, ☎ 800/772-1213 (TDD 800/325-0778), www.ssa.gov

Disability Benefits

A wage-earner is eligible to receive Social Security disability payments if he/she earned 20 credits during the 10 years immediately before becoming disabled. The disability can develop gradually. It does not have to be the result of on-the-job injuries.

A worker's savings and other assets and a spouse's earnings do not count in determining a worker's disability payments.

What Is a Disability?

The Social Security Administration defines "disability" as any physical or mental impairment that:

1. will last (or has lasted) at least 12 months or will result in death, and
2. prevents you from earning at least \$500 a month at some kind of work (not necessarily the same work you did before you became disabled)

There are exceptions to the \$500-a-month work rule, including:

1. if you have worked 35 years or more at hard, unskilled labor and can no longer do so
2. if you are blind and age 55 or older

In some cases a single medical problem may be enough to qualify you as disabled. Such cases include total deafness or blindness, AIDS, severe arthritis, untreatable cancer, loss of a leg, and inability to speak. A

combination of several less serious medical problems may also qualify you.

The Social Security Administration decides, based on its own guidelines, if a disability is likely to prevent you from earning at least \$500 a month. In doing so, Social Security will consider such factors as:

1. your age (being older is to your advantage)
2. your education and work experience (having less is to your advantage)
3. your ability to walk, sit, lift, bend, etc.
4. your current mental capabilities

Return-to-Work Incentives

If you return to work after receiving Social Security disability payments, you can designate nine months as a “trial work period,” provided you tell Social Security of your intention to do this. During the trial work period you will continue to receive your regular disability payments in addition to your earnings. You will also receive Medicare coverage, help with work-related expenses connected to your disability, and help with training and rehabilitation.

If the trial job does not work out, you can try another job; however, your total trial months cannot exceed nine in any five-year period.

At the end of the trial period Social Security will determine if you still qualify for payments. If you are earning less than \$500 a month, your benefits may be allowed to continue (along with your earnings). If you are earning more than \$500 a month, your disability benefits will probably end. However, during the next three years you can regain your disability payments any month you do not earn \$500. If, after three years, you again stop working because of a disability, you will have to start the application process again.

Free Publication

Working While Disabled: How Social Security Can Help (publication 05-10095). Available from Social Security, ☎ 800/772-1213 (TDD 800/325-0778), www.ssa.gov

Allowable Deductions from Earnings

Although your earnings (or potential earnings) must be less than \$500 a month for you to receive Social Security disability payments, you can deduct from your reported earnings (or potential earnings) any expenses connected with your disability. Such deductible expenses include the cost of assistive devices such as crutches or a wheelchair, a pacemaker, aids for hearing and seeing, physical therapy, drugs, bandages, and much more. Such deductions could bring your net earnings below \$500 and keep you qualified to receive disability payments.

Benefit Choices for Disabled Wage-Earners

If you become disabled, you may be eligible for payments under more than one benefit program. In some cases you can collect payments from more than one program at the same time. In other cases you can collect benefits from only one. For example:

1. You may be eligible to receive either Social Security retirement payments or Social Security disability payments. You can begin with one and switch to the other, but you cannot collect both at once.
2. If you qualify for Supplemental Security Income (SSI), you may qualify for disability payments under either SSI or Social Security. You can switch from one to the other, but you cannot collect both at the same time.
3. Medicare coverage for medical expenses is available to disabled workers of any age if they have been entitled to receive Social Security disability pay-

ments for 24 months or more. (These months do not have to be consecutive, nor do they have to be for the same disability.) Medicare benefits can be collected at the same time as Social Security disability payments.

4. Work-related injuries may qualify you for Worker's Compensation. In some cases you can collect payments (or partial payments) from both this and the Social Security disability program at the same time.
5. Veteran's benefits, as well as payments from private pension or insurance programs, can be collected at the same time as Social Security disability payments.

Benefits for Spouses of Disabled Wage-Earners

The spouse of a disabled wage-earner may be eligible for payments if the wage-earner is receiving disability benefits and the spouse:

1. is age 62 or older (younger if caring for a child who is eligible for benefits under the wage-earner's record and who is either age 16 or younger or became disabled before age 22), and
2. was married to the wage-earner for at least one year or they had a child together

The spouse benefit is one-half of the wage-earner's rate.

Benefits for Children of Disabled Wage-Earners

Each child of a disabled wage-earner may be eligible for benefits equal to half of the wage-earner's benefit rate. To qualify, the child must be:

1. dependent on the wage-earner,
2. unmarried, and
3. 18 or younger (19 or younger if a full-time student through grade 12)

A child who becomes disabled before age 22 is eligible for benefits at any age until he/she recovers or marries someone who is not disabled.

Benefits for Grandchildren of Disabled Wage-Earners

The grandchildren of a wage-earner are eligible for benefits if the grandparent is caring for them and either:

1. both of the child's parents are disabled or deceased,
or
2. the grandparent has adopted the children

Benefits for Parents of Disabled Wage-Earners

If you have received at least half of your support from a natural or adopted child (adopted before the child was age 16), you may be eligible for benefits if the child becomes disabled. To qualify:

1. you must be age 62 or older,
2. the child must have contributed to your support (in goods, services, and/or cash) for at least a year immediately before becoming disabled, and
3. you must not be newly married since the child became disabled

If you are not old enough to receive parent benefits, you should nevertheless provide Social Security with proof of the child's support within two years of the child's disability. This will enable you to receive parent benefits when you turn age 62 as well as survivor benefits if the child dies.

The parent benefit is 75 percent of the child's rate.

Proof of Support. The child's contributions to your support must be documented. For example, if you occupied a room in the child's home, the rental value of that contribution must be confirmed by a real estate agent or by newspaper ads for comparable rooms. Likewise, the

value of services the child performed for you (such as making repairs to your home or helping you with tax returns, Medicaid forms, or caretaking) must all be confirmed by an accountant, home repairperson, healthcare worker, or other professional who knows the hourly rate for the services provided.

Free Publication

Disability Benefits (publication 05-10029). Available from Social Security, ☎ 800/772-1213 (TDD 800/325-0778), www.ssa.gov

Survivor Benefits

Survivor benefits are paid to the family members of wage-earners, including widow(er)s, children, grandchildren, ex-spouses, and parents. Application for survivor benefits should be made as soon after the death as possible.

Benefits for Surviving Spouses and Ex-Spouses

To qualify for the surviving spouse/ex-spouse benefit:

1. you must be age 60 or older (50 if you are disabled); however, you can receive benefits at any age if you are caring for a child of the deceased and the child is under age 16 or became disabled before age 22
2. you must be unmarried when you apply for the survivor benefit (unless you were at least 60 when you remarried, 50 if you are disabled)
3. if you are a surviving spouse, you must have been married to the deceased for at least nine months or have had a child together
4. if you are a surviving ex-spouse, you must have been married to the deceased for at least ten years

You qualify for a survivor benefit even if the deceased was not receiving Social Security benefits or was not yet of

retirement age. In many cases you can receive the survivor benefit even if the deceased did not have the full 40 credits.

If you are age 65 or older, you receive payments equal to the deceased's retirement benefit. If you begin receiving survivor benefits at a younger age, your rate is lower. If you take a job and your earnings exceed the limits stated above, your benefit is reduced.

If you remarry at age 60 or older (50 if you are disabled) and your new spouse is receiving Social Security benefits, after one year of marriage you will be eligible for retirement benefits based on his/her wage record. If this retirement benefit is higher than your survivor benefit, apply for the higher rate.

Benefits for Surviving Children

The children of a wage-earner are eligible for survivor benefits if they are age 18 or younger (19 or younger if they are full-time students through grade 12). A child who becomes disabled before age 22 is eligible for survivor benefits until he/she recovers or marries someone who is not disabled.

The benefit rate for a surviving child is 75 percent of the wage-earner's retirement rate.

Benefits for Surviving Grandchildren

In some cases the grandchildren of a wage-earner are eligible for survivor benefits if they were dependent on the deceased. Call Social Security, ☎ 800/772-1213 (TDD 800/325-0778), for details on eligibility and benefit rates.

Benefits for Surviving Parents

If you have received at least half of your support from a natural or adopted child (adopted before the child was age 16), you may be eligible for survivor benefits when the child dies. To qualify:

1. you must be age 62 or older,
2. the child must have contributed to your support (in goods, services, and/or cash) for at least a year immediately before his/her death, and

3. you must not be newly married since the child died

Although you can begin receiving surviving-parent payments only at age 62, you must provide Social Security with proof of the child's support within two years of the child's death.

Proof of Support. The child's contributions to your support must be documented. For details see "Proof of Support" above under "Benefits for Parents of Disabled Wage-Earners."

The monthly payments you receive will be at least 75 percent of the retirement benefit to which the child was entitled.

Free Publication

Survivors Benefits (publication 05-10084). Available from Social Security, ☎ 800/772-1213 (TDD 800/325-0778), www.ssa.gov

Where to Get Help

Information is available from the Social Security Administration, ☎ 800/772-1213 (TDD 800/325-0778), www.ssa.gov

Free help with applications and appeals, plus referrals to helping agencies, is available at the city's neighborhood senior centers, the JASA Help Center, ☎ 212/273-5272, and from the agencies listed in chapter 14.

More Free and Low-Cost Publications on Social Security

Comprehensive Guide to Social Security and Medicare. Available for sale from the National Center for Financial Education, ☎ 619/232-8811, www.nfce.org

Senior Citizens Handbook (Chapter 1, "Financial Assistance for the Older New Yorker"). Available for

Social Security on the Internet



Gerontology students at Miami University in Ohio maintain a website devoted to Social Security facts, history, issues, and resources: www.cas.muohio.edu/~security

Publications of the Social Security Administration are available at www.ssa.gov

The following websites provide indexes and links to internet resources on aging, including information about Social Security and SSI:

- Directory of Web and Gopher Aging Sites, www.aoa.dhhs.gov/aoa/webres/craig.htm
- Geroweb, www.iog.wayne.edu/GeroWeb.html
- Internet and E-mail Resources on Aging, www.aoa.dhhs.gov/jpost6/#top
- Internet Resources for the Aging, www.mcs.net/~grossman/macaresco.htm

sale from the New York State Bar Association, ☎ 518/463-3200

The Social Security Book: What Every Woman Absolutely Needs to Know (publication D 14117). Available free to members of the American Association of Retired Persons, ☎ 800/424-3410, www.aarp.org


The following publications are available free from the Social Security Administration, ☎ 800/772-1213 (TDD 800/325-0778), www.ssa.gov:

The Appeals Process (publication 05-10041)

Disability (publication 05-10029)
Retirement (publication 05–10035)
Social Security and Your Right to Representation (publication 05-10075)
Social Security: Understanding the Benefits (publication 05-10024)
Survivors Benefits (publication 05-10084)
Working while Disabled: How Social Security Can Help (publication 05–10095)
Your Right to Question the Decision Made on Your Social Security Claim (publication 05–10058)
Your Social Security Checks While You Are outside the United States (publication 05-10137)

Supplemental Security Income (SSI)

SSI provides monthly cash grants to the poor who are age 65 or older or disabled or blind. In New York State some 600,000 people receive SSI assistance. The purpose of the program is to ensure that these people have enough money for their basic needs—food, clothing, and shelter (medical care is provided by Medicaid). The program is administered by the Social Security Administration and is paid for from federal funds. In New York State, SSI recipients receive additional money from state funds.

To apply for SSI, visit a Social Security office or call  800/772-1213 (TDD 800/325-0778).

Who Is Eligible?

To qualify for benefits you must:

1. be age 65 or older or blind or disabled,
2. be a U.S. citizen (some non-citizen immigrants also are eligible), and
3. meet SSI's resource and income requirements

Previous employment is not required.

The resource and income requirements are complex, and many people seek professional advice before applying for SSI. It is especially important to seek help if you think Social Security has mistakenly refused to grant you SSI benefits or has set your benefit rate too low. The main areas of confusion are:

1. Which resources and sources of income are counted in determining eligibility?
2. How should resources and income be described to Social Security so that disclosure requirements are met and the benefit rate is maximized?
3. How should living arrangements be described?

Free Assistance

Free help in answering the above questions, assistance with applications and appeals, and referrals to helping agencies are available at the city's neighborhood senior centers, from the JASA Help Center, ☎ 212/273-5272, and from the agencies listed in chapter 14.

Noncitizen immigrants who need help in understanding regulations and in applying for SSI should contact the agencies listed in the Appendix under "Citizenship and Immigrant Rights."

Resource Limits for All SSI Recipients

In 1999 the resource limit was \$2,000 for a single person, \$3,000 for a couple. Resources are counted month by month, and eligibility for the current month is determined by the resource count from two months before (for example, March eligibility is based on January's resource count).

A number of resources are not counted in determining SSI eligibility. These include:

1. the value of a home

2. the value of personal and household goods up to \$2,000
3. the full value of a car if it is needed for essential daily activities or up to \$4,500 if the car is not essential
4. food stamps, Section 8 housing assistance, Public Assistance, home energy assistance (HEAP), home weatherization assistance (WRAP), and other grants based on need
5. burial space, burial funds, and prepaid funeral agreements (these exclusions are subject to several restrictions)

Countable resources include a long list of items such as cash on hand, bank accounts, IRAs, a second home, and the cash surrender value of life insurance policies. Income received in one month, if not spent, counts as a resource in the next month. However, excess resources can be spent or given away in order to bring the remaining monthly total within SSI's limits.

Income Limits for All SSI Recipients

The 1999 monthly income had to be less than:

1. for a single person living alone, \$607; for a couple living alone, \$875
2. for a single person living "with" someone else, \$543; for a couple living "with" someone else, \$817
3. for a single person living "in the household" of someone else, \$376.34; for a couple living "in the household" of someone else, \$566.67

Countable income includes Social Security payments, pensions, gifts, and the earned and unearned income of both the person requesting SSI and his/her spouse.

Among income items not counted are:

1. \$20 a month of unearned income if it occurs infrequently (such as quarterly interest on a bank account)

2. \$10 a month of earned income if it occurs infrequently (such as payment for an occasional odd job)
3. \$65 a month of regularly earned income
4. half of all remaining earned income
5. local and state assistance that is based on need (such as home energy assistance)
6. one-third of child support
7. payments for the needs of a child who is receiving foster care from the SSI recipient

The countable income of a spouse may be reduced if there are dependent children who are not receiving Public Assistance.

Benefit Amounts for All SSI Recipients

In 1999 the maximum monthly benefit for a person living alone was \$587; for a couple living alone, \$855. Lower amounts apply to people living “with” someone else or “in the household” of someone else.

The benefit level is determined each month based on a person’s countable income from two months before (for example, the March level is determined by January’s income). The benefit level is also determined by SSI’s classification of a person’s housing arrangements—whether the person lives alone or “with” others or “in the household” of others. (In New York State the housing classification is based on three federally defined living arrangements plus eight state-defined living arrangements.)

People who receive SSI automatically qualify for Medicaid.

Special Provisions for the Disabled

The SSI disability program uses the same definition of disability and offers the same back-to-work incentives as Social Security (see above). However, unlike Social Security:

1. SSI payments are based on the recipient's (and spouse's) income(s)
2. dependents do not receive benefits

Dependents who wish to receive SSI assistance must apply separately. If they do not qualify for SSI, they may request help from other programs such as food stamps and Public Assistance (see below).

For those who qualify for SSI and need long-term care, the program pays for appropriate housing and provides a monthly “personal needs allowance.” For more information see “Personal-Care Housing” and “Medical- and Personal-Care Housing” in chapter 8.

Assistance for Those Dropped from SSI or Awaiting SSI Approval

Those whose SSI payments have been stopped or who are waiting for an SSI application to be approved may be eligible for “interim assistance” from SSI, the food stamp program, Public Assistance, or from the state’s Office of Temporary and Disability Assistance. For help and information visit a neighborhood senior center, call Social Security, or call an income support office (see “Public Assistance” below). Free help is also available from the JASA Help Center, ☎ 212/273-5272.

Free and Low-Cost Publications on SSI

Helping You Understand SSDI and SSI. Available for sale from Accent Books and Products, ☎ 800/787-8444

Senior Citizens Handbook (Chapter 1, “Financial Assistance for the Older New Yorker”). Available for sale from the New York State Bar Association, ☎ 518/463-3200

Social Security, ☎ 800/772-1213 (TDD 800/325-0778), www.ssa.gov, offers the following free of charge:

Supplemental Security Income (publication 05-11000)

When You Get SSI: What You Need to Know (publication 05-11011)

Your Right to Question the Decision Made on Your SSI Claim (publication 05-11008)

Department of Veterans Affairs (VA)

The VA provides disability and survivor benefits.

Disability Benefits

Service-Related Disabilities

A service-related disability is one that results from an injury or illness acquired while in the military or a preexisting condition that grew worse during active military service. The injury or illness may cause an immediate disability (such as the loss of an arm) or it may develop gradually into a disability (such as severe arthritis caused by a service-related injury).

Monthly payments (called “disability compensation”) are based on the extent of the disability. In 1999 they ranged from \$96 to \$1,989. A veteran can qualify for payments at any age and can have any amount of additional income.

Additional compensation is paid for dependents. In 1999, for a veteran rated 100 percent disabled, monthly payments were \$115 for a spouse, \$197 for a spouse and one child, \$79 for a child where there is no spouse, and \$60 for each additional child. For veterans with lower disability ratings, the compensation for dependents is lower.

Financial assistance may also be available for home modifications or for purchasing a home that has been adapted for use by the disabled.

Non-Service-Related Disabilities

To qualify for monthly payments, a non-service-related disability must be severe enough to prevent you from

earning at least \$500 a month at some kind of work. If you meet this requirement, you also must:

1. have served in active duty for at least 90 days,
2. have served at least one day during wartime (which can include Korea, Vietnam, and the Persian Gulf) but not necessarily in combat,
3. not have been discharged dishonorably, and
4. have a combined income with your spouse that is less than the payments you are entitled to

If your income is too high for you to qualify at present, you may apply later when your income is lower.

Payments are based on the extent of the disability, the number of dependents, and other factors. In 1999 the range was \$8,778–\$22,625 a year.

Survivor Benefits

The VA provides monthly survivor payments to spouses, children, and parents. Eligibility and benefit rates depend on many factors, including:

1. whether or not the death was service-related
2. how long and when the veteran served
3. what year the death occurred
4. whether, for how long, and to what extent the veteran was disabled
5. whether or not there are dependent children
6. the survivors' health, income, and assets

Benefits for Surviving Spouses

Spouses who do not remarry generally qualify for survivor benefits at any age and regardless of the cause of death. The deceased must have served in the military for at least 90 days (with at least one day during wartime). In addition he/she must have either:

1. died from a service-connected disease or injury, or
2. had a total service-connected disability at the time of death

For a death occurring after 1992 the basic benefit rate is \$861 a month. Additional money is paid if the surviving spouse is caring for the veteran's dependent children, requires home care, and/or is housebound.

In 1999 the annual benefit rate for non-service-connected deaths was \$5,884–\$11,227, depending on the spouse's healthcare needs and whether or not he/she was caring for dependent children.

Information and Assistance

Information from the VA on disability and survivor benefits is available at ☎ 800/827-1000, www.va.gov. VA-Online, a toll-free electronic bulletin board, can be reached via computer modem at ☎ 800/871-8387.

The New York State Division of Veteran's Affairs offers free counseling on VA benefit programs and help with applications:

Bronx	☎ 718/563-5935
Brooklyn	☎ 718/630-3709, 875-1077
Manhattan	☎ 212/961-8663
Queens	☎ 718/459-1828
Staten Island	☎ 718/447-8787

Free Publication

Federal Benefits for Veterans and Dependents. Available from the Department of Veterans Affairs, 800/827-1000.

Food Stamps

The food stamp program provides a monthly allowance for the purchase of groceries. Food stamps are also ac-

cepted by some restaurants for payment of meals. In 1998 the allowance was delivered in the form of coupons that could be used as though they were cash. Beginning in 1999 the allowance will be delivered electronically, accessible by means of an ATM-like card issued to each recipient.

Who Is Eligible?

In New York State food stamps are available to U.S. citizens and to non-citizen legal immigrants. For those age 60 and older the 1999 monthly income limit, after deductions, was \$671 for a single person, \$905 for a couple. Deductions include 20 percent of earned income and a portion of housing, household, medical, and other essential expenses.

The resource limit for people age 60 or older is \$3,000 per household. Not counted are the value of a home, personal belongings, life insurance policies, and many other items.

Applications and Assistance

To apply, call the Food Stamp Program of the New York City Human Resources Administration, ☎ 212/291-1900.

Help in applying for food stamps is available at the city's neighborhood senior centers and from:

JASA Help Center, ☎ 212/273-5272

New York City Coalition Against Hunger, ☎ 212/227-8480

New York State Food Stamp Hotline, ☎ 800/342-3009

Noncitizen immigrants who need help in understanding regulations and in applying for food stamps should contact the agencies listed in the Appendix under "Citizenship and Immigrant Rights."

Public Assistance

Monthly cash payments, along with many forms of non-cash assistance, are available to people of any age who cannot pay for their essential needs (food, clothing, and shelter) and who have cash assets of no more than \$1,000 per household. Applicants are interviewed to determine eligibility and benefit level. In 1999 the maximum cash benefit was \$352.10 a month for a single person, \$468.50 for a couple. Most seniors who qualify for Public Assistance receive it under the programs called “Family Assistance” and “Safety Net.” They are usually also eligible for food stamps and Medicaid.

To apply for Public Assistance, go to an “income support” office (also called a “welfare” or “public assistance” office). For the location of the office nearest you, call the New York City Human Resources Administration, ☎ 718/291-1900.

Help in applying for Public Assistance is available at the city’s neighborhood senior centers and from the JASA Help Center, ☎ 212/273-5272. Information about Public Assistance is available at www.ci.nyc.ny.us/html/hra

Emergency Public Assistance

Examples of emergency situations include:

1. You are homeless.
2. You have little or no food.
3. You have no fuel for heating.
4. Your utilities have been shut off or are about to be shut off.
5. Your income and financial assets are less than your rent or mortgage plus heat and utility bills.
6. You are threatened with eviction and have no place to go.

If you are already receiving Public Assistance and an emergency arises, tell your Public Assistance worker immediately. If you are not already receiving Public Assistance, call the city's Human Resources Administration, ☎ 718/291-1900, or go to an income support office. State that you have an emergency.

Money Management

Choices in the Ownership and Management of Property

You have four basic choices in the ownership and management of your financial and other property:

1. maintain total and exclusive ownership and management of some or all of your property
2. share with others the ownership and management of some or all of your property
3. retain exclusive ownership but transfer to others the management of some or all of your property
4. transfer ownership of some or all of your property to a trust and specify whatever management arrangements you wish, including self- or shared-management

In cases of incapacity two other possibilities exist:

5. representative payee (a person appointed by Social Security to receive and manage Social Security and Supplemental Security Income payments)
6. court-ordered guardianship

The Financial Rule of Three

When buying a financial product (such as insurance, an annuity, or a mutual fund) or a financial service (such as a bank account or credit card), or hiring a financial advisor, always get and compare information for at least three competitors.

Shared Ownership and Management of Property

There are three basic types of agreement that provide for shared ownership and management: “joint tenancy,” “joint tenancy with right of survivorship,” and “tenancy in common.”

Joint tenancy is an agreement between two people in which the partners share ownership of the property. Such agreements are often made between spouses and domestic partners. Examples include joint ownership of bank accounts, safe deposit boxes, real estate, cars, businesses, and securities. If one person becomes incapacitated by an illness or accident, the other continues to have complete access to the property.

If “with right of survivorship” is included in a joint tenancy agreement, then when one person dies, the surviving person continues to own the complete property, and the property is not subject to probate. If “with right of survivorship” is not included in the agreement, the deceased’s share of the property is subject to probate and passes to the deceased’s legal heirs (who may or may not include the surviving partner of the joint tenancy agreement).

Tenancy in common is an agreement between two or more people in which each partner owns a portion of the complete property. How much each owns is stated in the agreement. Each partner has complete and unrestricted access to his/her share of the property at all times, including periods when the other partner(s) is incapacitated.

tated by an illness or accident. If one partner dies, his/her share does not pass automatically to the other partner(s). Instead, it is inherited by the deceased's legal heirs, subject to probate.

The chief advantage of joint tenancy agreements is the convenience to the partners of uninterrupted access to the property (or their share of the property) if one partner becomes incapacitated or dies. The chief disadvantages are:

1. The property can be used by one partner for his/her own benefit without the consent of the other partner(s).
2. The debt obligations of one partner can lead to the loss of some or all of the property (as when a jointly owned house or car needs to be sold to pay the debts of one of the partners).

Free Publication

Joint Tenancy. Available from the National Academy of Elder Law Attorneys, ☎ 520/881-4005

Transfer of Management Rights (Powers of Attorney)

Retaining ownership of property but transferring management rights over it is usually accomplished by preparing a legal document called a “powers of attorney.” In this document you (the “principal”) appoint someone (the “agent”) to make legal, financial, and/or personal decisions on your behalf. Your agent has as much or as little authority as you state in the document. Without this legal authority, no one may be able to manage your financial and personal affairs if you lose your ability to manage them yourself.

In New York State there are three types of document:

1. A *durable general powers of attorney* takes effect as soon as you sign it. Your agent can begin acting on

your behalf at any time he/she feels this is appropriate. Your agent retains this authority if you become incapacitated.

2. A *nondurable general powers of attorney* also takes effect as soon as you sign it, but your agent loses his/her authority if you become incapacitated. This approach is rarely advisable.
3. A *durable general powers of attorney effective at a future date* (commonly called a “springing powers of attorney”) takes effect when the condition(s) you name occur (for example, on a certain date, when you are out of the country, or when you become incapacitated).

You can change your agent or the terms of your powers of attorney at any time by preparing a new document and informing your agent of the change. If you regularly spend time in more than one state, you should sign powers-of-attorney documents for each state, naming if you wish the same agent for each. You may wish to name more than one agent in case your first choice is unavailable when needed.

Medical decisions are not covered by powers of attorney. An agent for medical decisions must be named in a separate document, a “healthcare proxy.” This person can be the same agent you name in your powers-of-attorney document. (Healthcare proxies are discussed under “Advance Directives” in chapter 15.)

Blank powers-of-attorney forms are available at many stationery stores, especially those located near courthouses. However, if your instructions or financial and personal affairs are complex, you should have an attorney prepare the document for you.

Free Publication

Durable Powers of Attorney. Available from the American Academy of Elder Law Attorneys, ☎ 520/881-4005

Bank Accounts and Powers of Attorney

Although all banks are required by law to honor general powers of attorney, many do not. To save time and trouble for your agent, sign separate powers-of-attorney forms at each bank and for each account.

If you have not signed a general powers of attorney, you may wish to sign one at your bank that applies only to your bank account. This can be useful in the following circumstances:

1. You want the convenience of a joint account but not the risk of losing your money because of legal actions that might be taken against your partner.
2. You need an agent only for this one purpose.
3. You do not want the second person automatically to gain ownership of the account when you die.

Trusts

A trust is a legal entity that you create by signing a trust agreement. In the agreement you:

1. transfer ownership and management rights over some or all of your property to the trust,
2. state how the property you have transferred is to be managed,
3. name the person(s) or institution(s) who will do the managing (the “trustee[s]”), and
4. name the person(s) and/or institution(s) who will benefit from the trust’s assets and income

The chief advantages of a trust are:

1. You can provide for uninterrupted management of the assets if you become incapacitated.
2. You can provide for an immediate distribution, if you die, of assets and/or income to those you name in the trust agreement.

3. The distributions you specify will not be supervised by the probate court.

Depending on the types of assets and the way the trust agreement is written, there may also be tax advantages.

The two most common types of trust that take effect during a person's lifetime are a "living trust" and a "standby trust." In a will you can also provide for the transfer of property to a "testamentary trust," which comes into being after you die. (An after-death transfer of property to a trust is usually subject to supervision by the probate court.)

Living Trust

This is a legal entity to which you (the "settlor" or "trustor") transfer ownership of financial and/or other property. You do this while you are alive, hence the term "living trust." In the trust agreement you also transfer management of the property to the person(s) or institu-

Living Trust Seminars: A Word of Warning

Beware of "seminars" and other gatherings that promote the sale of living trusts. High-pressure sales techniques often are used in such meetings or in follow-up conversations to sell overpriced all-purpose products that you may not need or that may be wrong for your situation. A living trust is a personal document that should be written to fit your unique situation.

Always say no if you feel pressured to sign something. Get the advice of a trusted and knowledgeable friend, financial advisor, or attorney.

tion(s) you name (the “trustee[s]”). The trustee(s) you name can include yourself.

In most cases a living trust is written to provide income for yourself during your lifetime and, after death, to provide gifts and/or income to those you name in the trust agreement. The trust can be “revocable” (subject to change or cancellation) or “irrevocable” (not subject to change or cancellation).

Standby Trust

A standby trust is exactly like a living trust except that it comes into being only when the conditions specified in the trust agreement (such as incapacity) occur.

Other Trusts

Trusts can be created to serve many different purposes. Among the more common special-purpose trusts are (1) a “supplemental needs trust,” which provides income to a disabled person receiving SSI and Medicaid payments without jeopardizing those payments; and (2) a “charitable remainder trust,” which provides income to yourself and/or others for a specified period, after which the remaining assets become the property of the charity (or charities) you name.

For information on supplemental needs trusts: Future Care Planning Clearinghouse, Bronx Independent Living Services, ☎ 718/652-3469

For information on charitable remainder trusts contact the “planned giving” department of the charity you wish to benefit.

Free Publications

Establishing a Trust Fund (publication 615C). Available from the U.S. Consumer Information Center, Box 100, Pueblo, CO 81009, www.pueblo.gsa.gov

Establishing a Trust Fund. Available from MetLife, ☎ 800/METLIFE, www.lifedvice.com

Plan Now for Your Remaining Years

The final years of life are likely to include unexpected events—financial, physical, and psychological. The more arrangements you make now for these years, the less likely it is that you will be overwhelmed by an emergency. Consider taking these steps:

- Learn how to help yourself by joining one or more neighborhood senior centers and attending their informational programs.
- Learn how to help yourself by joining one or more senior consumer and advocacy organizations and reading their publications (see “Advocacy Groups” in chapter 4).
- Learn now about senior housing and put your name on all the waiting lists you can.
- If you want a particular person to have a voice in your healthcare, name him/her as your healthcare proxy.

Living Trusts. Available from the National Academy of Elder Law Attorneys, ☎ 520/881-4005

You Can Be a Philanthropist (about charitable remainder trusts and other types of charitable giving). Available for sale from Planned Giving Specialists, 1359 East 27th Street, Brooklyn, NY 11210


Wills and Living Trusts (publication D 14535). Available to members of the American Association of Retired Persons, ☎ 800/424-3410

Representative Payee (RP)

An RP is a person or organization (such as a social services agency or nursing home) appointed by Social Secu-

- If you want a particular person to have a voice in your personal and financial affairs, sign a powers-of-attorney form and name the person as your agent.
- If you want a particular person to inherit your property, name him/her in your will and/or trust.
- If you want to control how your remains will be disposed of, include your instructions in a will.

Free Publication

Tomorrow's Choices: Preparing Now for Future Legal, Financial, and Health Care Decisions (publication D 13479). Available to members of the American Association of Retired Persons,  800/424-3410

riety to receive and manage Social Security and/or Supplemental Security Income payments on your behalf. An RP can be named for you because:

1. you do not have the capacity to manage money in your own best interests, and/or
2. you are alcoholic or drug dependent

The request for appointment of an RP can come from a spouse, family member, legal guardian, close friend, or agency. Proof of incapacity is required. For information call a local Social Security office or one of the agencies listed in chapter 14.

Guardianship

If you become unable to care for yourself and/or unable to handle your financial affairs and you have not made legal

arrangements for someone else to do these things, then, as a last resort, a guardian can be appointed by court order.

The court that handles such situations is the Guardian Department of the New York State Surrogate's Court located in the borough where you live. The request for court intervention can come from yourself, a family member, the head of an institution where you are being cared for, a social services agency, and certain other people.

Requests for guardianship are discussed in a court hearing at which you (or your legal representative) usually must be present. Notice of the hearing must be given to your relatives and to any others who have an active interest in your well-being. You (or your legal representative) can oppose the request. An independent evaluation of your needs must be made by a court-appointed investigator. Alternatives to guardianship must be discussed.

The court may deny guardianship but order that other steps be taken to protect you. If the court decides that a guardian is needed, the powers of the guardian will be limited to those specific forms of assistance you need. The guardian must file annual reports with the court, which can expand or reduce your guardian's powers as your situation changes.

New York State and City also have programs called Protective Services for Adults (PSA) that can intervene when a person is at risk of harm, cannot provide for his/her own needs because of a physical or mental impairment, and has no person or agency available to provide assistance. PSA is authorized to provide all necessary services, including guardianship, which in this case is administered under the Community Guardian Program. (PSA services are provided, under contract, by neighborhood social service agencies.)

Requests for PSA intervention may be made by telephone:

Bronx





718/716-3874

Brooklyn





718/237-8377

Manhattan	 212/971-2077
Queens	 718/523-1480
Staten Island	 718/720-2801

Information about the Community Guardian Program is available at the above numbers and from the organizations that provide PSA services in city neighborhoods (two such organizations are the Jewish Association for Services for the Aged,  212/273-5200, and the New York Foundation for Senior Citizens,  212/962-7559).

Low-Cost Publications

On Guard: Now You Are a Guardian. Available from the Institute on Law and Rights of Older Adults,  212/481-4433

Senior Citizens Handbook (chapter 2, “Personal Affairs Management for the Older New Yorker”). Available from the New York State Bar Association,  518/463-3200

Banking

Free Checking Accounts

Some banks, especially savings banks, offer free checking accounts with no monthly fees, no withdrawal fees, and no minimum balance requirement. In 1998 these banks offered free checking: Amalgamated, Astoria Federal, Brooklyn Federal, Columbia, Cross Country, Financial, Fleet, Fourth Federal, Independence, and Richmond.

Low-Cost Checking Accounts

If a bank offering free checking accounts is not convenient for you, an alternative is the low-cost checking account called “Basic Banking.” All banks in New York State are required to provide these accounts to everyone who requests them. They have the following features:

1. The initial deposit may be as low as \$25.
2. The balance may be as low as one cent.
3. The monthly fee may be no more than \$3.
4. Any number of deposits may be made at no charge.
5. Up to eight withdrawals (by check or in cash) may be made each month at no charge.

Banks are permitted, if they wish, to require that depositors (1) be New York State residents, (2) have no other checking accounts, and (3) pay a fee set by the bank for any withdrawals beyond eight per month.

When shopping for a Basic Banking account, ask each bank for a printed list of fees and ask what limits it places on free withdrawals. If the bank employee you speak to does not know about Basic Banking, ask to speak to the manager.

Free Publication

Basic Banking Accounts. Available from the New York State Banking Department, ☎ 212/618-6445

Giving Someone Authority to Withdraw Your Money

Giving someone authority to withdraw money from your account can be useful if you become too ill to pay your bills, buy food, etc. If you have a joint account with someone else (such as a spouse), that person already has the authority. If you do not want a joint account, the easiest way to give someone authority to make withdrawals is to sign a powers-of-attorney form provided by the bank, naming the second person as your “agent.”

Seniors-Only Services and Discounts

Seniors-only services are offered by some banks. These services include free personalized checks, no minimum-balance requirement, and no service charge. Discounts

may include free traveler's checks, no-fee or reduced-fee certified checks and bank money orders, and rental discounts on safe deposit boxes.

All savings banks offer low-cost life insurance to men ages 55–72 and to women ages 55–75. All banks charge the same monthly premium for this insurance, but the premium varies according to age. There is no health requirement.

Complaints

If you have problems with a bank, call the Consumer Services Division of the New York State Banking Department, ☎ 212/618-6445.

Free Publication

Banking Services for Senior Citizens. Available from the New York State Banking Department, ☎ 212/618-6445

Credit

Credit is trust on the part of a lender that a borrower will repay a loan. Consumer loans take many forms, including mortgages, paying for cars and household goods in monthly installments, overdraft protection for a checking account, and purchases made with a credit card.

Lenders may take only two factors into account when deciding whether or not to grant credit: (1) the consumer's income and assets, and (2) the consumer's credit history—that is, his/her record of repaying past loans.

Those who are age 62 or older cannot be denied credit because of age nor can a lender refuse to count Social Security or other retirement income. However, lenders are free to establish whatever minimum income and asset requirements they wish. They also may evaluate credit histories and set credit limits as they wish.

Discount Shopping, Rentals, and Services

Many neighborhood retailers offer senior discounts at all times or at certain hours or on certain days of the week.

Membership organizations such as the American Association of Retired Persons, ☎ 800/424-3410, Catholic Golden Age, ☎ 800/233-4697, and the National Council of Senior Citizens, ☎ 800/996-1177, offer discounts on a wide range of products including consumer goods, vacation packages, car rentals, internet fees, and financial and legal services. If you use these discounts regularly, your savings will far exceed the cost of membership.

Credit Cards Issued by Financial Institutions

Credit cards such as Visa and Mastercard that are accepted by a wide variety of businesses worldwide are issued by banks and other financial institutions. There are three types of account:

1. An *individual account* is owned by one person who is entirely responsible for repaying the money that is borrowed as a cash advance or to make a purchase. The income, assets, and credit history of this person alone are considered by the lender in granting credit.
2. A *joint account* is owned by two people. Both can use the card and both are responsible for repaying the borrowed money. The income, assets, and credit history of either or both can be considered by the lender in granting credit. If one person dies,

the lender cannot automatically cancel the credit agreement. However, the lender can ask for the surviving person to reapply in his/her own name for an individual account, which may have different terms or may be denied.

3. A *user account* like an individual account, is owned by one person who is entirely responsible for repaying the borrowed money. A second person is authorized to use the card but is not legally responsible for repaying the borrowed money. If the owner dies, the account ends and the second person can no longer use the card.

Establishing a Good Credit History

A good credit history is established when you borrow money, repay it on time, and your good behavior is reported to a credit bureau (a private agency that collects personal credit information and shares it with lenders).

The credit history for an individual or user credit card is reported in the name of the owner. The second person in a user account earns a credit history only if he/she requests that the card's credit history be reported in his/her name as well as that of the card owner. The credit history for a joint account can be reported in the names of both owners if they request.

If you have no credit history of your own, try these steps to establish one:

1. Open a checking and/or savings account. (All banks offer either free or low-cost checking accounts; see "Banking" above.)
2. Open a charge account at a department store or other retailer and use it.
3. Open a joint credit account with someone who already has a good credit history. Be sure that the joint account's history is reported in both names.

4. If you already have a joint credit account with someone else, apply for an individual account in your own name from the same company. (A good credit history for the joint account will help you obtain the individual account.)
5. Apply to a retailer for a “secured” loan (one that can be covered by repossession of a major purchase such as a car or home appliance).

Getting a Credit Card

If you have trouble getting a credit card, try these steps:

1. Open a joint credit account with someone who already has a card. Be sure that the joint account’s history is reported in both names.
2. If you already have a joint credit account with someone else, apply for an individual account in your own name from the same company. (A good credit history for the joint account will help you obtain the individual account.)
3. Apply for a credit card from a bank that issues cards to any depositor who maintains the bank’s minimum balance.
4. Join a fraternal, consumer, religious, or advocacy organization that has a credit card program for its members. Examples include the American Association of Retired Persons, ☎ 800/424-3410, Catholic Golden Age, ☎ 800/233-4697, and the National Council of Senior Citizens, ☎ 301/578-8832.

If Credit Is Denied

The most frequent reasons that seniors are denied credit are:

1. The lender feels that the senior does not have enough income and assets to repay a loan.

2. The senior already owes money to others.
3. The senior has a poor history of repaying loans.
4. The senior has no credit history.

If credit is denied, always ask why. Be sure the lender has correct information about all of your income and assets.

If credit is denied because of a poor credit history, ask for the name and phone number of the credit bureau the lender used and then ask the bureau for a copy of your record (it will be supplied free of charge). If there are errors in your record, correct them with the credit bureau and the lender and then reapply.

If credit is denied because of “insufficient income,” be sure the lender counted all income, including Social Security and pensions, and was aware of all assets, including your home, bank accounts, and securities.

If credit is denied because of “no credit history,” take the steps listed above to establish one.

How to Check Your Credit Rating

Lenders generally consult one of the following three bureaus for information about a person's credit history:

Experian, ☎ 800/682-7654

Equifax, ☎ 800/685-1111

Trans Union Corporation, ☎ 800/888-4213

If you are denied credit, a copy of the report used by the lender is available to you free of charge if you ask for it within 60 days of the denial. The name of the bureau the lender used, along with instructions on how to obtain a copy of your report, must be included in the letter of denial.

If you have not been denied credit but want to see the information a bureau has about you, it is available from the bureau for a charge of \$8. The report is also available

without charge if you have been the victim of credit fraud, are unemployed and looking for work, or are receiving Public Assistance.

Help with Credit Problems and Debt Management

Free help is available at some of the city's neighborhood senior centers and social service agencies. There is no directory of the centers and agencies that provide this service, but the staff of local centers should know where help is available.

Two not-for-profit agencies provide free and low-cost help with budgeting and debt management. They often negotiate repayment terms with lenders on behalf of their clients. Their borough offices are available to residents throughout the city.

Budget and Credit Counseling Services:

Brooklyn  718/802-1313

Manhattan  212/675-5070

Queens  212/675-5070

Consumer Credit Counseling Service of Southern New York:

Brooklyn  718/643-8486

Manhattan  212/922-9666

Staten Island  718/815-4110

Free and Low-Cost Publications

Consumer Credit Counseling Service offers these free brochures:

Choices: Shopping for Credit; Credit: How to Establish Credit; Crisis: Emergency Financial First Aid—Dealing with a Financial Crisis; Decisions: The Wise Use of Credit; Options: Understanding Your Financial

Situation; and Priorities: Dealing with Creditors during a Financial Emergency

The Bureau of Consumer Protection of the Federal Trade Commission, ☎ 202/326-3650, offers these free brochures:

Credit and Older Americans; Equal Credit Opportunity; Fair Credit Reporting; and Women and Credit Histories

The National Center for Financial Education, ☎ 619/232-8811, www.nfce.org, offers for sale:

NCFE Do-It-Yourself Credit File Correction Guide

The New York State Bar Association, ☎ 518/463-3200, offers for sale:

Senior Citizens Handbook (Chapter 6, “Consumer Credit and Protection”)

Electronic Delivery of Federal and State Cash Benefits

Federal Benefits

In the process known as “direct deposit,” money is sent electronically to a person’s bank account. No checks are written. (Direct deposit can also be made to a person’s “cash management” account at a security dealer’s office.) Money that is sent by direct deposit is available in the usual ways—cash withdrawals at the bank, writing a check, or using an ATM.

Most people who receive income from federal programs (Social Security, Supplemental Security Income, and VA benefits) already receive their payments electronically. If you do not have a bank account and want to take advantage of direct deposit, open a free or low-cost checking account (see “Banking” above).

If a person or institution has been appointed as “representative payee” (RP) for someone who cannot manage

his/her own affairs, the RP can receive the payments electronically.

State Benefits

By 2000 food-stamp money will be delivered electronically. Instead of receiving paper coupons, recipients will receive a plastic card that they can use to withdraw their payments at ATMs and at electronic terminals in stores. Other cash benefits from the state will be delivered in the same way.

Free Information about Electronic Delivery of Benefits

Financial Management Service, U.S. Department of the Treasury, ☎ 202/874-6590, www.fms.treas.gov
Neighborhood Economic Development Advocacy Project, ☎ 212/633-8585

Some Federal Tax Breaks

Earned Income Credit

You qualify for a tax credit or cash payment (up to \$3,656 in tax year 1997) if you:

1. are under age 65 at the end of the tax year,
2. have investment income of no more than \$2,300,
3. live in the U.S. for more than half of the year, and
4. are not claimed by anyone as a dependent

Income eligibility depends on the number of dependent children you care for (in the 1998 tax year, \$10,030 or less with no children, \$26,473 or less with one child, \$30,095 or less with more than one child).

For more information, consult the “Earned Income Credit” section in the federal income tax booklet you receive each year with your tax forms or call the IRS,

Swindlers Who Pose as Tax Agents

Beware of telephone callers who claim to be from the IRS. They are all swindlers.

They may tell you to send money for taxes you owe on a prize you've just won, or for back taxes owed by your deceased spouse, or for something else. You may be told you will lose your home if you don't pay immediately.

The IRS never collects taxes by telephone. If there is a problem with your taxes, the IRS will notify you in writing, not by phone, and you or a representative will have face-to-face meetings with a genuine IRS agent at an IRS office.

 800/829-3676 (TDD 800/829-4059), www.irs.us-treas.gov

Over-65 Income Tax Exemption

People over 65 are entitled to a larger standard deduction than those under 65. For more information see the "Tax Computation" section of the federal income tax return.

Over-65 Income Tax Credit

You qualify for an income tax credit or cash payment (up to \$1,125 in tax year 1998) if you:

1. are age 65 or older by the end of the tax year or are disabled and receiving taxable disability benefits,
2. have an adjusted gross income of \$17,500 or less (\$25,000 or less for a married couple filing a joint return, both of whom are 65 or older), and

3. have nontaxable pensions (including Social Security) of \$5,000 or less (\$7,500 or less for a couple)

For more information see the “Credits” section of the federal income tax return.

Home-Sale Capital Gains Exclusion

Up to \$125,000 in capital gains from the sale of your principal residence is nontaxable if:

1. you were age 55 or older on the date of the sale,
2. you owned and lived in the home for at least three of the five years preceding the sale, and
3. neither you nor your spouse have used this tax break before

Some additional restrictions may apply.

For information: IRS, ☎ 800/829-3676 (TDD 800/829-4059), www.irs.ustreas.gov

Long-Term Care Insurance

Long-term care insurance benefits in any amount are not taxed if they are all paid under one insurance policy and if the person receiving the benefits is both chronically ill and receiving care prescribed by a licensed healthcare worker. If more than one insurance policy is involved, then benefits above \$180 a day are taxed.

Contributions by your employer for long-term care insurance premiums are not taxed.

Unreimbursed expenses for long-term care can be included in the itemized medical deduction.

Unreimbursed premiums for long-term care insurance can be included in the itemized medical deduction, but only up to certain limits that change each year. The following limits applied for the 1998 tax year: for people

age 51–60, \$770; for people age 61–70, \$2,050; for people over 70, \$2,570.

Free Publications

Credit for the Elderly or the Disabled (publication 524) and *Older Americans Tax Guide* (publication 554). Both available from the IRS, ☎ 800/829-3676 (TDD 800/829-4059), www.irs.ustreas.gov

Protecting Older Americans against Overpayment of Income Taxes. Available free from the Senate Special Committee on Aging, ☎ 202/224-5364

Some New York State and City Tax Breaks

Tax breaks that are available to homeowners and renters are described in chapter 6.

State and city income taxes are based on the federal “adjusted gross income,” which includes the home-sale capital gains tax break described above. For this reason, the home-sale tax break applies automatically to state and city income taxes.






Similarly, long-term care insurance benefits that are not taxed by the federal government are not taxed by New York State and City governments.

The premiums for long-term care insurance are deductible up to certain limits that change each year. However, they are not deducted in the same way they are on the federal form. Instead of being included among itemized deductions, they are entered under “New York Adjustments” and are called a “tax modification” rather than a “tax deduction.” Because of this difference, a taxpayer can claim the “modification” whether or not “deductions” are itemized.

Free Help with Tax Returns

Many of the city’s neighborhood senior centers provide free tax-preparation assistance. There is no directory of the centers that offer this service.


The Retired Senior Volunteer Corps provides free tax assistance to those age 60 and older who are disabled or unemployed. For information:

Bronx	 718/993-4087
Brooklyn	 718/624-2853
Manhattan	 212/614-5555
Queens	 718/263-3638 or 212/614-5555
Staten Island	 718/494-3222


The AARP Foundation sponsors a free tax assistance program that includes services for the homebound. For the location of sites in New York City where the program operates (and where a home visit can be scheduled), call

Should You Replace Your Life Insurance?

If your current policy has a cash value, the answer usually is no. Even so, some insurance agents aggressively recommend replacement policies and, following their advice, consumers lose as much as \$6 billion a year.


Before agreeing to a replacement, compare the costs and benefits of your existing policy with those of the recommended replacement. Ask the insurance agent to fill out a “Replacement Questionnaire.” Copies of the questionnaire are available free from the American Society of Chartered Life Underwriters and Chartered Financial Consultants,  888/243-2258.

Advice on insurance replacement is available for a charge of \$40 per policy from the Consumer Federation of America,  202/388-0087.


 888/227-7669. AARP provides site locations, tax information, and online counseling at www.aarp.org/tax-aide

Some Insurance Guidelines

Publications and Telephone Information


The Complete Book of Insurance and Important Questions to Ask about Insurance. Both available for sale from the National Center for Financial Education,  619/232-8811, www.ncfe.org

The following agencies evaluate the financial stability of insurance companies:

National Insurance Consumer Helpline,  800/942-4242

Fitch Investors Service,  212/908-0500

Moody's Investors Service,  212/553-1653

Standard and Poor's Insurance Ratings Service,  212/208-1527

The Weiss Group,  800/289-9222

Medical Insurance

For those not covered by Medicare or Medicaid:

1. The policy should be guaranteed renewable.
2. The lifetime limit on benefits should be no less than \$250,000.
3. The coinsurance should be no more than 20 to 30 percent of the cost of a service.
4. The annual limit on coinsurance payments should be no higher than \$2,000.

Medicare and Medicaid benefits are discussed in chapters 9 and 10.

Life Insurance for Disabled Veterans

Veterans with service-connected disabilities can obtain \$10,000 in low-cost life insurance (called “RH” insurance) if they apply for it at a VA office within two years after receiving notice of their VA disability rating. Veterans who are totally disabled may be eligible for free life insurance.

For those under age 65 who qualify for free life insurance, a supplemental policy of up to \$20,000 is available for a charge.

For information about these and other VA life insurance policies: ☎ 800/669-8477

Automobile Insurance

Many insurance companies offer discounts to seniors who have good driving records and/or pass a defensive driving course. Ideally, total coverage should be twice a person’s net worth, or \$300,000 per accident, whichever is higher.

Life Insurance

Younger people generally buy life insurance to provide income for their families in the event of death. For them the main guideline is that the death benefit should exceed the total premiums charged during the first ten years of the policy.

Older people generally buy life insurance to provide money after death for outstanding debts and funeral expenses or to provide tax-free inheritances. However, the premiums for older people are high, and the main question becomes: Will the money spent on premiums pro-

Swindlers Who Pose as Insurance Agents

Beware of strangers who call or visit you, claiming to be insurance agents. Even though they carry elaborate printed forms, their only purpose may be to steal your money.

How to Protect Yourself

- Don't do business by phone.
- If a stranger calls at your door, be suspicious. Ask for his/her New York State Insurance Department license. It will contain the stranger's name and the name of the company he/she represents. (Remember, a business card is not a license.)
- Check the stranger's identity by calling the New York State Insurance Department, ☎ 212/602-0203.
- Take a week or more to review a policy. Ask for advice from family or friends.
- Never write checks made out to an agent, only to the insurance company.

vide more or less cash than the same money put regularly into certificates of deposit, a mutual fund, or some other savings or investment vehicle? This is a question that may require professional advice from a financial or estate planner.

Free and Low-Cost Publications

Life Insurance for Older Adults (publication D 14139).

Available free to members of the American Association of Retired Persons, ☎ 800/424-3410

The New Life Insurance Investment Advisor. Available for sale from the National Center for Financial Education, ☎ 619/232-8811, www.ncfe.org

Liability Insurance (Coverage for Harm to Others)

Ideally, coverage should be at least twice a person's net worth.

Long-Term Care Insurance

This insurance is worthwhile only for those with relatively large assets who want to preserve them for their heirs. More detail is given in chapter 9.

Credit Card Insurance

This insurance is worthless. If a lost or stolen card is reported to the card company before anyone uses it, you are not responsible for any unauthorized purchases. If someone uses the card before you report it missing, you are responsible for no more than \$50.

Pensions and Profit Sharing

Businesses and unions sometimes miscalculate the pension and profit sharing they owe workers and retirees. Only rarely are such errors deliberate. In most cases you have six years from the first payment to correct errors, the most common of which include:

1. errors in your employment record, such as wrong or missing years of employment
2. errors in your earnings record, such as wrong earnings figures, failure to include bonuses and overtime, or failure to include earnings at all the divisions within a corporation
3. errors in the record of your own contributions

4. errors in calculating your benefit rate, such as using the wrong years to calculate the rate or using the wrong benefit formula
5. errors that result from mergers or business failures
6. incorrect corporate asset valuations (for profit sharing)
7. faulty computer software or lost computer records
8. failure to follow correct legal procedures
9. illegal transactions by retirement plan administrators

Where to Get Help

General Information and Advice

Pension Rights Center, 📞 202/296-3776

Help in Checking the Accuracy of Benefit Rates

American Academy of Actuaries, 📞 202/223-8196,
www.aaa.org

American Society of Pension Actuaries, 📞 703/516-9300

National Center for Retirement Benefits, 📞 800/666-1000, www.ncrb.com

Information about Legal Rights

U.S. Pension and Welfare Benefits Administration,
📞 212/399-5191, 800/998-7542, www.dol.gov/dol/pwba


Referrals to Pension Lawyers

National Pension Lawyers Network, 📞 617/287-7332

Free Publications

Your Guaranteed Pension and *Your Pension: Things You Should Know about Your Pension Plan*. Both available from the U.S. Pension Benefit Guaranty Corp.,

 202/326-4100 (TTY 800/877-8339), www.pbgc.gov

How to File a Claim for Your Benefits; What You Should Know about Your Pension Rights; Women and Pensions: What Women Need to Know and Do; and many other publications. Available from the U.S. Pension and Welfare Benefits Administration,  800/998-7542, www.dol.gov/dol/pwba

Financial Planning

Financial planning deals primarily with long-range goals and the management of resources to achieve these goals. (The day-to-day balancing of current income and expenses is called “budgeting.”)

Self-Help Financial Planning

The first step is to rank future needs according to priority:

1. Which of your future needs are essential?
2. Among those that are not essential, which are more important?
3. Which are less important?

The second step is to estimate what your future needs (essential and nonessential) will cost.

The third step is to understand what you can afford:

1. How much income will you have left over after essential needs are covered?
2. Will this surplus income be enough to pay for non-essential needs?
3. If not, is it reasonable to expect that a re-allocation of your resources will produce the additional income you want?
4. Are your financial goals too high? Should they (and your non-essential needs) be reduced?

Financial Planning for Alzheimer's Patients

Free seminars on financial planning, conducted by elder law attorneys, are available to Alzheimer's patients and their families. For information, call the New York City chapter of the Alzheimer's Association, ☎ 212/983-0700.

Free telephone advice is available from the Alzheimer's Center and Long Term Care Services of the New York City Department for the Aging, ☎ 212/442-3086.

The fourth step is to allocate your resources so as to achieve the goals you decide are reasonable. In most cases this is done through investments.

The fifth step is to review your goals and allocations every year and adjust them when necessary. Have your goals changed? Are they still reasonable? Are the investments you made producing the results you wanted?

Free and Low-Cost Publications

Do I Have Enough? (a preretirement computerized planning guide). Available for sale from United Seniors Health Cooperative, ☎ 202/393-6222, www.ushc-online.org

Personal Tax and Financial Planning Guide. Available free to members (for sale to nonmembers) of the American Association of Individual Investors, ☎ 800/428-2244, www.aaii.com

A Primer on Personal Money Management for Midlife and Older Women (publication D 13183; applicable to both men and women). Available free to members of the American Association of Retired Persons, ☎ 800/424-3410

Senior Citizens Handbook (Chapter 1, “Financial Assistance for the Older New Yorker,” and Chapter 3, “Income Tax and Financial Planning for the Older New Yorker”). Available for sale from the New York State Bar Association, ☎ 518/463-3200

Your Book of Financial Planning and *Money and the Mature Woman*. Both available for sale from the National Center for Financial Education, ☎ 619/232-8811, www.ncfe.org

Index of Internet Resources on Financial Planning

www.aoa.dhhs.gov/aoa/pages/finplan.html

The Role of Professional Financial Planners

Many people, on their own, are able to list resources, evaluate and prioritize needs, and set realistic financial goals. They also may be able, on their own, to invest their resources in ways that will achieve these goals.

For others, advice may be needed in one or more specific areas such as pensions, securities, real estate, insurance, taxation, mortgages, annuities, wills, trusts, or charitable gifts. For some, help may be needed throughout the entire planning process. The people who provide this sort of help are called “financial planners.”

Who Are Financial Planners?

Financial planners come from many backgrounds and include accountants, stockbrokers, insurance agents, bankers, and attorneys. However, the term “financial planner” is not legally defined or regulated, which means that anyone, qualified or not, can use it. Some people who call themselves financial planners may be little more than sales agents for financial products such as stocks or insurance. (For help in evaluating the skills of a financial planner, see “Professional Designations” and “Professional Organizations” below.)

How Are Financial Planners Paid?

Financial planners earn their living in one or more of the following ways:

1. fees for their advice
2. commissions on the financial products they recommend and/or sell
3. salaries from the companies they work for

In describing the fees they are paid for their services, professional planners use three terms:

1. *Fee-only* means that a planner earns money only from fees for his/her advice.
2. *Fee-based* means that a planner earns money both from fees for advice and from commissions on the financial products he/she sells and/or recommends.
3. *Fee-offset* is confusing. What it means in practice is that there is a minimum guaranteed commission (called a “fee”). To this guaranteed minimum is added all commissions that exceed the “fee.” In most cases, the fee-offset planner works solely for commissions, charging a guaranteed minimum.

In general, the planner whose advice is likely to be the most objective is one who is paid on a fee-only basis.

Professional Designations

More than a dozen membership organizations exist for people who work in the financial services industry. In addition, more than a dozen “designations” are awarded upon completion of education, examination, and work experience requirements set by the organizations that make the awards. The following list contains the designation symbols that financial planners use followed by what

the symbols stand for, the organization that awards the designation, and the principal requirements a planner must fulfill to receive the designation.

Each awarding organization may be contacted to see if a financial planner is entitled to use its designation. It may also be contacted to file a complaint against anyone who is currently entitled to use the designation.

CFP Certified Financial Planner

Awarded by the Certified Financial Planning Board of Standards, ☎ 888/CFP-MARK, www.cfp-board.org. The CFP designation means that a person has met the Board's financial-planning education and examination requirements and has at least three years of financial planning experience.

ChFC Chartered Financial Consultant

The ChFC designation is awarded on completion of ten courses at the American College, ☎ 610/526-1000 (a training institution for insurance professionals), and at least three years of financial services experience.

CLU Chartered Life Underwriter

The CLU designation is awarded on completion of ten courses at the American College, ☎ 610/526-1000, and at least three years of financial services experience.

CTFA Certified Trust and Financial Adviser

The American Bankers Association, ☎ 202/663-5092, awards the CTFA designation to those who have (1) three years of trust experience and a graduate degree in financial management, or (2) five years of trust experience and a bachelor's degree, or (3) ten years of trust and banking experience.

PFS Personal Financial Specialist

PFSs are certified public accounts (CPAs) who have passed a financial planning examination and have at least

three years experience in this field. (CPAs generally have extensive training in tax issues.) This designation is awarded by the Personal Financial Planning Division, American Institute of Certified Public Accountants, ☎ 800/862-4272.

RFC Registered Financial Consultant

The International Association of Registered Financial Consultants, ☎ 800/532-9060, www.iaRFC.org, awards the RFC designation to those who have four years experience as a full-time financial planner and have either (1) an undergraduate or graduate degree with an emphasis on finance, or (2) a professional designation such as one from this list. RFCs must also (1) meet governmental licensing requirements, (2) have no record of suspensions or revocations of a professional license, and (3) take at least 40 hours a year of continuing education in financial planning.

Professional Organizations

The following organizations provide referrals to their members in New York City. Members usually hold one or more of the financial planning designations listed above.

American Institute of Certified Public Accountants, ☎ 800/862-4272. Membership is open to all CPAs. Referrals can be requested for those who hold the PFS designation.

American Society of CLU and ChFC, ☎ 888/243-2258. Membership is open to anyone who holds the CLU or ChFC designations.

Institute of Certified Financial Planners, ☎ 800/282-PLAN. Membership is open to anyone who holds the CFP designation or is working toward it.

International Association for Financial Planning, ☎ 888/806-PLAN, www.iafp.org. Membership is open

to anyone in the financial services industry who abides by IAFP's bylaws and is in compliance with local, state, and federal laws governing business activities.

International Association of Registered Financial Consultants, ☎ 800/532-9060, www.iaRFC.org. Membership is open to those holding the RFC designation as well as to other planners. However, referrals are made only to RFCs.

Licensed Independent Network of CPA Financial Planners, ☎ 615/782-4240. Membership is open to fee-only planners who are CPAs. (Members do not sell financial products and do not earn commissions on the products they recommend.)

National Association of Personal Financial Advisors, ☎ 888/FEE-ONLY, www.feeonly.org. Membership is open to financial planners who have a bachelor's degree, formal college-level training in financial planning, three years of financial planning experience, and who work on a fee-only basis. (Members do not sell financial products and do not earn commissions on the products they recommend.)

Free Publications

Choosing a Financial Advisor. Available from MetLife, ☎ 800/METLIFE, www.lifedvice.com

Don't Get Burned by the Financial Planner "Name Game" and *Financial Planner Interview: How to Choose a Financial Planner.* Both available from the National Association of Personal Financial Advisors, ☎ 800/FEE-ONLY, www.feeonly.org

Facts about Financial Planners (publication D 14050). Available to members of the American Association of Retired Persons, ☎ 800/424-3410

Financial Planning: Seeking Professional Advice. Available from the International Association for Financial Planning, ☎ 800/945-4237, www.iafp.org

Low-Cost Publications

Financial Challenges for Mature Women: Creating Financial Plans and Evaluating Financial Planners. Available from the National Center on Women & Aging, ☎ 800/929-1995

The Financial Planner: A New Professional. Available, along with many other financial books, from The National Center for Financial Education, ☎ 619/232-8811, www.ncfe.org

Estate Planning

Estate planning is a type of financial planning. It deals with needs that arise during the final years of life, including asset management for present and future needs, steps to facilitate inheritances, steps to avoid probate, and ways to reduce estate taxes. The financial aspects include:

1. an inventory of everything a person owns
2. the allocation and management of existing resources to provide maximum income during life and a smooth distribution after death (with as few taxes as possible)
3. instructions for the management of assets in the event of incapacitation
4. instructions for the distribution of assets after death

Estate planning also includes:

5. instructions for healthcare in the event of incapacitation
6. instructions for the disposal of remains after death

For most people, every step except (2) can be done with legal documents that require little or no assistance. A powers of attorney accomplishes (3), a will or trust(s)

accomplishes (4), a healthcare proxy and do-not-resuscitate order accomplish (5), and a will accomplishes (6).

Information about powers of attorney and trusts is given above in this chapter. Additional information on these and the other documents mentioned is given in chapter 18. If legal assistance is needed, it is available free at many neighborhood senior centers and from the agencies listed in chapter 14.

Step (2), the allocation and management of assets and their transfer with minimal tax obligations, may require the assistance of a professional estate planner.

Referrals to Estate Planners

The financial planning organizations listed above give referrals to estate planners in New York City, as does the American Academy of Estate Planning Attorneys, ☎ 800/846-1555, www.aaepa.com

Free and Low-Cost Publications

About Planning Your Estate. Available free from MetLife, ☎ 800/METLIFE, www.lifeadvice.com

Planning Issues for Older New Yorkers. Available free from the New York State Bar Association, ☎ 518/463-3200

A Primer on Personal Money Management for Midlife and Older Women (publication D 13183; applicable to both men and women). Available free to members of the American Association of Retired Persons, ☎ 800/424-3410

Estate Planning and Probate. Available free from the National Academy of Elder Law Attorneys, ☎ 520/881-4005

Estate Planning: Protecting Your Family (publication 890824SM). Available free from the American Institute of Certified Public Accountants, ☎ 800/862-4272

Planning Your Estate. Available free from the U.S. Consumer Information Center, Box 100, Pueblo, CO 81009, www.pueblo.gsa.gov

Senior Citizens Handbook (Chapter 2, “Personal Affairs Management for the Older New Yorker”). Available for sale from the New York State Bar Association, ☎ 518/463-3200

Investment Swindles

Americans lose tens of billions of dollars each year to investment swindlers. Ninety percent of this money is never recovered. The victims are often ordinary folks with little money to spare, but wealthy people, pension funds, banks, government agencies, universities, foundations, and many others also get swindled.

Who Is at Risk?

The favorite target of swindlers is seniors, and among seniors the favorite target is widows.

The primary reason that so many seniors get swindled may be the daily fear (real or imagined) that they will run out of money and have nowhere to go. Another factor is the inexperience of many seniors in managing large sums of money such as an insurance payout or inheritance. There is also the human tendency for people to believe what they want to believe—in this case, that there is an easy, risk-free way to get more money. Finally, there is the human tendency for people to ignore what they don't want to believe—in this case, that someone who sounds friendly actually wants to harm them.

The fact is that anyone with money to invest is at risk of being swindled.

Who Are the Swindlers?

A swindler is usually a stranger. He/she might be a voice on the radio or telephone, a home page on the internet,

Two Investment Swindles

1. A young woman with a warm and friendly voice calls you. She says she's conducting a survey of healthcare needs in your neighborhood. You chat awhile. The conversation turns to money. It's a subject that's often on your mind. You mention how hard it is to make ends meet. The caller agrees. She knows first-hand because her mother had a fall and she had to arrange for home care.

The caller knows a way you can earn extra money. Her uncle is a Wall Street broker. He told her about it. It's a sure thing. If you get in now, you'll be able to double your money in six months. The investment isn't entirely clear to you, but it sounds perfect. You send a check.

2. You've been swindled. You've lost thousands of dollars. What will your family say? You're afraid. You're ashamed.

A man from a "recovery service" calls. He says your neighborhood has been targeted by a swindler. Have you been approached? He offers legal help to recover your loss. Just send money for expenses and court fees. There's talk of a new investment that could return even more than you lost. You send a check.

an advertiser in the mail or in a magazine or newspaper, or a face on television. Sometimes he/she is a friend or the friend of a friend. Sometimes he/she is a respected community leader. Occasionally the person has been honest for most of his/her life but is now using other people's money for personal gain. In all cases the person is smart, friendly, confident, and a born salesperson.

The fact is that anyone who wants your money may be a swindler.

What Are the Warning Signs?

Most investment swindlers promise large profits at low risk. This promise alone is reason for suspicion. Large profits come only if there is high risk. If the investment is a “once-in-a-lifetime” opportunity that requires fast action, the investment is almost certainly a swindle.

Swindlers rarely give clear answers to questions about their education and work experience. If they are licensed by a government agency or belong to a professional organization, they rarely like to say so. They may even criticize you for wasting their time on “personal” questions.

If you invest money with a swindler, you probably will not get clear and regular reports. You may have trouble getting the earnings you were promised. If you become suspicious and ask for your money back, you probably will get excuses and objections.

How to Protect Yourself

Your only protection is information. Ask the following questions:

What is the salesperson’s name? Who does he/she work for? What financial education does he/she have? From what institutions? What licenses does he/she hold? From what government agencies? What professional organizations does he/she belong to?

What is the name of the investment? What government agencies regulate this type of investment? Where can you get printed information?

Check the accuracy of every answer. Never trust what someone says, even if that person is a friend. Go to a library and ask for information about the investment. Never rely on a sales pitch or tips from friends.

If you do not get clear and patient answers from the salesperson, or you cannot find information about the

investment, or you do not understand the information you find, take no chances. Assume the worst: The investment is a swindle.

If the salesperson promises large profits and tells you time is running out, take no chances. Assume the worst: The person is a swindler.

Where to Report Investment Swindles

Bureau of Investment Protection and Securities, New York State Attorney General, ☎ 212/416-8222.

National Fraud Information Center, ☎ 800/876-7060

Free Publications

Beware of Penny Stock Fraud; Consumer's Financial Guide; How to Avoid Ponzi and Pyramid Schemes; Invest Wisely; Invest Wisely: Mutual Funds; Penny Stock Telephone Fraud, and What Every Investor Should Know. All available from the Securities and Exchange Commission, ☎ 800/732-0330, www.sec.gov

Investment Swindles: How They Work and How to Avoid Them and Swindlers Are Calling. Both available from the National Futures Association, ☎ 800/621-3570, www.nfa.futures.org

Investor Bulletin: How Older Americans Can Avoid Investment Fraud and Abuse. Available from the North American Securities Administrators Association, ☎ 202/737-0900, www.nasaa.org

Online Scams. Available from the U.S. Consumer Information Center, Box 100, Pueblo, CO 81009, www.pueblo.gsa.gov

Telephone Investment Fraud. Available from the Bureau of Consumer Protection, Federal Trade Commission, ☎ 202/326-3650, www.ftc.gov

Sweepstakes Swindles

Seniors lose hundreds of millions of dollars each year in sweepstakes swindles. The swindlers often tell their victims

that a purchase is necessary (always false) or that money must be sent for “fees” or “taxes” before a prize can be claimed (always false). Often they use the name of a legitimate sweepstakes, perhaps one the senior has entered in the past. They also make the sweepstakes forms so complicated that you may unknowingly agree to buy something.

How to Protect Yourself

1. Read sweepstakes forms slowly and carefully. Be sure you're not agreeing to buy something you don't want.
2. Never send money or order merchandise to “qualify” for a prize. Anyone who tells you to do this is a swindler.
3. Never send money for “fees,” “taxes,” or any other purpose. Anyone who tells you to do this is a swindler.
4. Remember: most sweepstakes winners never buy any merchandise.

Internet Resources



The following websites provide indexes and links to internet resources on aging, including information about insurance, veterans benefits, and financial and estate planning:

- Directory of Web and Gopher Aging Sites, www.aoa.dhhs.gov/aoa/webres/craig.htm
- Geroweb, www.iog.wayne.edu/GeroWeb.html
- Internet and E-mail Resources on Aging, www.aoa.dhhs.gov/jpost6/#top (last and final update: 1997)

Legal Services

The first time many people need to see a lawyer is after the age of 60. The concerns seniors need help with include:

estate planning and administration, including wills, trusts, gifts, life insurance, and other means of transferring and distributing assets

planning for possible incapacity, including advance medical directives, healthcare proxies, and powers of attorney

entitlement programs, pensions, and benefits, including eligibility criteria, ways to maximize benefits, and the filing of claims and appeals

life, medical, and long-term care insurance, including advice on coverage and the filing of claims and appeals

long-term care, including the types of care, placement in an institution, paying for care, and complaints about poor care

elder abuse, neglect, and exploitation, including recovery of stolen property

mortgage contracts, including reverse mortgage loans

retirement housing contracts

consumer complaints, including investment swindles
and home repair fraud
age discrimination in housing or employment
forced retirement
sale of a business or partnership
guardianship
landlord-tenant disputes, including eviction proceedings
debts and debt collection
personal injury

The legal specialty that deals with senior concerns is called “elder law.”

Free Legal Assistance

Many noncriminal legal matters are handled free of charge by the following agencies. The minimum age qualification varies from 55 to 60. Some agencies also have maximum income limits.

Citywide	Asian American Legal Defense and Education Fund, ☎ 212/966-5932 Bet Tzedek Legal Services, ☎ 212/790-0240 Legal Services for New York City, ☎ 212/431-7200 New York Legal Assistance Group, ☎ 212/750-0800
Bronx	Bronx Legal Services, ☎ 718/220-0030 Legal Aid Society, ☎ 718/579-3000 or 579-7900
Brooklyn	Community Action for Legal Services, ☎ 718/852-8888

	Elder Law Unit, East Brooklyn Legal Services, ☎ 718/487-1300
	Legal Aid Society, ☎ 718/645-3111
	New York City Technical College Elderly Law Clinic, ☎ 718/260-5597
Manhattan	BLS Legal Services (a service of Brooklyn Law School serving Manhattan only), ☎ 718/488-7448
	Cardozo Bet Tzedek Legal ☎ Services, 212/790-0240
	Legal Aid Society, ☎ 212/577-3300
	Legal Aid Society, Harlem, ☎ 212/663-3293
	Legal Aid Society, Northern Manhattan, ☎ 212/722-2000
Queens	JASA Legal Services, ☎ 718/897-2515
	Legal Aid Society, ☎ 718/337-4900
	Queens Legal Service Corp., ☎ 718/392-5646
	Queens Legal Services, ☎ 718/657-8611
	Queens Volunteer Lawyers Project, ☎ 718/739-4100
Staten Island	Legal Aid Society, ☎ 718/273-6677

Free assistance for some problems is also provided by volunteer lawyers who visit neighborhood senior centers. There is no directory of the centers that provide this service.

Noncitizen immigrants who need help with citizenship, SSI, Medicaid, Public Assistance, and other matters should contact the agencies listed in the Appendix under “Citizenship and Immigrant Rights.”

Self-Pay Legal Assistance

Finding an Elder Law Attorney

The names and specialties of 81 elder law attorneys in New York City, along with information about the field of elder law, are contained in the *Eldercare Resource Guide*, available for sale from the Brookdale Center on Aging, ☎ 212/481-4433.

Discount legal services from prescreened lawyers are available to members of the American Association of Retired Persons. The names and specialties of participating lawyers appear online at www.aarp.org/lbn and in the Yellow Pages (beginning in 1999) under “Lawyers: AARP Legal Services Network.”

No attorney and few law firms have knowledge and experience in all aspects of elder law. Before seeking an attorney, try to be as clear as possible in your own mind about what you want a lawyer to do for you. Compare your specific needs with the credentials and legal experience of the attorneys in the publications above. In addition, ask for recommendations from family, friends, other lawyers, and/or the following bar associations:

Statewide	☎ 800/342-3661, www.nysba.org
Bronx	☎ 718/293-5600
Brooklyn	☎ 718/624-0843
Manhattan	☎ 212/626-7373
Queens	☎ 718/291-4500
Staten Island	☎ 718/442-4500

Other referral services include:

National Academy of Elder Law Attorneys, 📞
520/881-4005

Pension Rights Center, 📞 202/296-3776

Evaluating an Elder Law Attorney

Your first call to a lawyer's office will probably be answered by a secretary. The questions to ask this person include:

1. How long has the attorney been in practice? (In general, five years or more is best.)
2. What percentage of his/her practice is devoted to the specific problem(s) you have?
3. How much will you be charged for the first consultation?
4. What documents should you bring to the first consultation?

Before making an appointment, ask yourself if you like the way your questions have been answered and if the lawyer seems to have the knowledge and experience needed to handle your problem(s).

The questions to ask when you have your first consultation (and before you hire the attorney) include:

1. What legal actions will be needed?
2. What documents will need to be prepared?
3. How long will the process take?
4. Are there any courses of action that do not require a lawyer?
5. How much will the legal work cost?
6. When will you be billed?

Interview several lawyers. Compare their qualifications and charges as well as your own personal feelings towards them. When you decide to hire a lawyer, ask for a written agreement detailing the services you will receive and the fees and expenses you will be charged.

Free Publications

Money Matters (publication D 12380; provides advice on choosing a lawyer). Available to members of the American Association of Retired Persons, ☎ 800/424-3410

Planning Issues for Older New Yorkers and *You and Your Lawyer*. Both available from the New York State Bar Association, ☎ 518/463-3200

Questions and Answers When Looking for an Elder Law Attorney. Available from the National Academy of Elder Law Attorneys, ☎ 520/881-4005



Choices at the End of Life

End-of-Life Healthcare

Your end-of-life choices include who will make healthcare decisions for you if you cannot make them yourself and what kinds of care and/or treatment you do or do not want to receive.

Advance Directives

Advance directives are instructions for healthcare workers and others about how you wish to be cared for. They take effect if you are unable to provide this information for yourself when it is needed.

There are three kinds of advance directive: a healthcare proxy, a living will, and a do-not-resuscitate order. The laws governing advance directives vary by state. If you regularly spend time in more than one state, you should complete advance directive forms for each of them. (If you wish, you can name the same person[s] as healthcare proxy in each state.)

Healthcare Proxy

A healthcare proxy (also called a “medical power of attorney”) is a person appointed by you with legal authority

to make decisions about your healthcare if you cannot communicate or make decisions for yourself. Appointing a healthcare proxy is essential for people who want friends or domestic partners to make healthcare decisions on their behalf.

Complete decision-making authority (including refusals of treatment) can be assigned to the proxy or limits can be set. A date or condition(s)—medical and non-medical—can be named that will begin or end the agreement. If a doctor determines that you have regained the ability to make decisions for yourself, the proxy ceases to have authority.

Living Will

A living will is a legal document that tells healthcare workers what kinds of treatment you do or do not wish to receive. Your instructions can include using, or not using, cardiopulmonary resuscitation (restarting the heart and lungs), mechanical respiration (assistive breathing devices), artificial nutrition and hydration (tube feeding), antibiotics, and chemotherapy. You can specify that care include only procedures to keep you comfortable and relieve pain, or you can specify that other specific procedures also be used. If you want to donate organs for transplant or research, you can state that your body should be cared for after death in such a manner that organs are preserved.

Do-Not-Resuscitate (DNR) Order

A DNR order is a written or spoken instruction in which you, or your legal representative, say that you do not want emergency procedures performed to restart your heart and lungs (called “cardiopulmonary resuscitation”) should they stop functioning. This order can stand alone and/or be incorporated into a living will.

If your medical condition prevents you from deciding for yourself whether or not you want a DNR order is-

sued, your healthcare proxy can make the decision for you. A family member or close friend can make the decision if there is no proxy and (1) you are terminally ill, (2) you are permanently unconscious, or (3) the procedure would be futile or leave you in worse condition than you were before.

The DNR order applies only to cardiopulmonary resuscitation. It does not affect other types of care. You or your legal representative can cancel the order at any time.

Information and Blank Forms

In most cases legal assistance is not needed in filling out blank advance-directive forms. However, the advice of a doctor or other healthcare worker could help you clarify your wishes and make your instructions more precise. (Imprecise wording often results in advance directives being ignored.)

Information and forms for New York State are available from doctors and from:

Choice in Dying, ☎ 212/366-5540, www.choices.org

The Hemlock Society, ☎ 800/247-7421,
www.hemlock.org/hemlock

Information and blank forms are included in:

Finding a Nursing Home in New York State. Available free from the New York State Department of Health, ☎ 212/613-4700

Planning for Incapacity: A Self-Help Guide (for New York: publication D 14707). Available for sale from the American Association of Retired Persons, ☎ 800/424-3410

For a one-time fee Choice in Dying stores advance directives in an electronic retrieval system that is accessible worldwide 24 hours a day.

Other Free and Low-Cost Publications

Advance Directives (publication D 15632); *Making Medical Decisions* (publication D 15525); and *Tomorrow's Choices: Preparing Now for Future Legal, Financial and Health Care Decisions* (publication D 13479). All available free to members of the American Association of Retired Persons, ☎ 800/424-3410

Health Care Decision-Making in New York State: A Guide to Health Care Proxies, Living Wills and Other Advance Directives. Available for sale from the Brookdale Center on Aging, ☎ 212/481-4433

Planning Issues for Older New Yorkers. Available free from the New York State Bar Association, ☎ 518/463-3200

Planning for Medical Decision Making. Available free from the National Academy of Elder Law Attorneys, ☎ 602/881-4005

Patients' Rights and Resources. Available free to members of the Hemlock Society, ☎ 800/247-742, www.hemlock.org/hemlock

Senior Citizens Handbook (Chapter 2, "Personal Affairs Management for the Older New Yorker"). Available for sale from the New York State Bar Association, ☎ 518/463-3200

The following are available for sale from Choice in Dying, ☎ 212/366-5540, www.choices.org:

Advance Directives and End-of-Life Decisions

Artificial Nutrition and Hydration and End-of-Life Decisions

Cardiopulmonary Resuscitation: Do-Not-Resuscitate Orders and End-of-Life Decisions

Medical Treatments and Your Advance Directives

You and Your Choices: Advance Directives

Will Your Advance Directives Be Followed?

Too often the answer is no. The main reasons are:

1. Medical workers do not know they exist.
2. The directives incorporate imprecise language, such as “when there is no hope of recovery.” (Who defines “hope”? How much restored function constitutes “recovery”?)
3. Doctors ignore them.

How to Enforce Your Wishes

1. Appoint a healthcare proxy. This person will be able to talk to doctors, make decisions, and enforce your wishes if you cannot do so yourself.
2. In your living will specify as precisely as possible what your wishes are. For example, do you want chemotherapy, a respirator, tube feeding, etc.? Do you want treatment if you are terminally ill or permanently unconscious? What kind of treatment?
3. Be sure that healthcare workers know your wishes and have copies of your directives.
4. Carry identification that states your wishes, tells where your directives are stored, and says who your proxy is.

Hospice

Hospice is a healthcare choice available to patients in the last phases of incurable disease (most commonly cancer, heart disease, and AIDS). Attempts to cure the disease are replaced with steps (called “palliative care”) to make the final weeks of life as comfortable as possible. If the patient’s condition improves, hospice ends and curative treatment resumes.

Hospice care includes medications to treat depression and relieve pain and other symptoms, counseling to pre-

pare the patient and family for death, homemaking services, and help with end-of-life legal and financial planning. Temporary respite care is available for the patient if family caregivers need to be away from home. Bereavement counseling is available to the family.

Most hospice care is provided at home, if possible in partnership with family caregivers and/or friends. (One important goal of hospice is to help patients remain with their families at the end of life.) A hospital or other inpatient facility is used if an emergency develops. Care is sometimes given in an institution such as a hospice center or in a nursing home where the patient already resides.

For a patient to qualify for hospice, a doctor must certify that the patient has a life expectancy of six months or less (the average length of hospice care is two to three months). Anyone can request hospice care, either for him/herself or on behalf of someone else, by calling a hospice provider.

Free Information about Hospice

Hospice Education Institute, ☎ 800/331-1620, www.hospiceworld.org

Hospice Foundation of America, ☎ 800/854-3402, www.hospicefoundation.org

National Hospice Helpline, ☎ 800/658-8898, www.nho.org

Free Referrals to Hospice Providers

National Hospice Helpline, ☎ 800/658-8898, www.nho.org

New York State Hospice Association, ☎ 518/446-1483

Free Evaluations of Hospice Providers

Joint Commission on Accreditation of Healthcare Organizations, ☎ 630/792-5800, www.jcaho.org (The commission evaluates hospice providers that re-

quest evaluation. Have ready the name of the provider and the city in which it is located.)

Paying for Hospice

Medicare pays for about 75 percent of hospice care nationwide, most of it home-based. Fee-for-service Medicare charges a \$5 copayment for some prescription drugs and \$5 a day for respite care if the patient needs to be moved to an institution. Many Medicare managed care plans provide hospice care without copayments. In all cases, care must be obtained from a Medicare-certified hospice provider. However, the services of a patient's own doctor are covered whether or not the doctor is affiliated with a hospice organization.

Medicaid covers hospice care without copayments for those who meet Medicaid's income and resource limits.

Most private health insurance plans cover hospice care. They pay about 12 percent of hospice costs nationwide.

Free and Low-Cost Publications

HealthAnswers, www.healthanswers.com

The Medicare Home Health and Hospice Benefits: Care for People with Advanced Illnesses. Available for sale from the Medicare Rights Center, ☎ 212/869-3850

The National Hospice Organization, ☎ 800/646-6460, www.nho.org, offers books and brochures for sale on hospice care, Medicare hospice benefits, home safety for hospice patients, advance medical directives, pain management, funeral planning, grief, depression, anger, stress, and loneliness.

Assisted Death and Suicide

Assisted Death

Do-not-resuscitate orders and the removal of life support systems allow death to occur sooner than it might otherwise. These passive methods of hastening death are legal and frequently used. To actively hasten death with drugs, gas, or other means is illegal in New York State but sometimes used in secret on behalf of people who suffer from catastrophic and incurable medical conditions.

Information and opinions on assisted death are available from:

Choice in Dying, ☎ 212/366-5540, www.choices.org

DeathNET, www.rights.org/~deathnet/

Euthanasia Research and Guidance Organization,
www.efn.org/~ergo/

The Hemlock Society, ☎ 800/247-7421, www.hemlock.org/hemlock

The International Anti-Euthanasia Task Force, www.iaetf.org/index.html

LifeWEB, www.awinc.com/partners/bc/compass/lifenet/enthan.html

Suicide

People age 65 and older have the highest suicide rate of any age group. Within this group white men who are both depressed and alcoholic are the most at risk.

Thoughts of suicide often are triggered by grief over the loss of a loved one; by the physical, emotional, and financial suffering caused by illness; and/or by the feeling of being left out of life, alone in the world, useless, and without value to others. Suicidal feelings are usually preceded by a period of deep despair in which death is seen as the only way to escape misfortunes that feel overwhelming, degrading, and unsolvable.

The warning signs that suicide may be near include:

1. increasing withdrawal and isolation
2. loss of interest in activities that once gave pleasure
3. feelings of hopelessness
4. feelings of helplessness
5. feelings of guilt and shame
6. disposing of prized possessions
7. changes in sleeping and eating patterns
8. increased alcohol or drug use
9. frequent talk of death

Expressions such as “nobody cares,” “they’d be better off without me,” and “I wish I were dead” are also serious warnings.

A person is at extreme risk if he/she:

1. has a plan for taking his/her life
2. has the means to do so
3. has set a specific time

Suicide Prevention

Help by telephone is available 24 hours a day to people who feel depressed or suicidal and who need someone to talk to:

Helpline, ☎ 212/532-2400
The Samaritans, ☎ 212/673-3000

Healing from Suicidal Pain, ☎ 212/759-7033, is a support group for people who are considering suicide or have attempted suicide.

What Friends and Family Can Do

You can help by spending time with the person and listening to what he/she is thinking and feeling. Listen quietly, without judging. The person is in pain and needs acceptance and unhurried time to unburden his/her troubles. Ask if the person is considering suicide and what steps he/she is taking.

If the person is at high risk, do not leave him/her alone, even for a moment. Call the above numbers immediately. If the person has taken any life-threatening action, get him/her to a hospital immediately. Call 911 if necessary.

Free and Low-Cost Publications and Recorded Messages

Preventing Elderly Suicide: Overcoming Personal Despair, Professional Neglect, and Social Bias. Available for sale from the American Association of Suicidology, ☎ 202/237-2280

The Suicide of Older Men and Women: How You Can Help Prevent a Tragedy (publication D 15099). Available free from the American Association of Suicidology, ☎ 202/237-2280, and the American Association of Retired Persons, ☎ 800/424-3410

Thinking about Suicide? Available for sale from Krames Communications, ☎ 800/333-3032

Depression (message 353), *Loneliness* (message 487), and *Warning Signs of Suicide* (message 626). Provided by Tel-Med, ☎ 212/434-3200

Information and Referrals to Helping Agencies

The American Association of Suicidology, ☎ 202/237-2280, www.suicidology.org

The American Suicide Foundation, ☎ 212/410-1111, www.asfnet.org

Help for the Survivors of Suicide Victims

The following support groups help those who have lost a loved one to suicide:

Brooklyn	Brooklyn Heights Survivors After Suicide, ☎ 718/624-4255 Ray of Hope (meets at the Kings Highway Library), ☎ 718/738-9217
Manhattan	The Samaritans, ☎ 212/673-3000 Survivors of a Loved One's Suicide, ☎ 212/246-3117
Queens	St. Andrew Avellino's Church, ☎ 718/359-0417 Survivors of Suicide (meets at Zion Episcopal Church, Douglaston, c/o Kate Katkowsky, ☎ 516/466-8423
Staten Island	Survivors of Suicide (meets at Staten Island Hospital), ☎ 718/448-3306

Low-Cost Publication

Surviving Suicide, a quarterly newsletter published by the American Association of Suicidology, ☎ 202/237-2280, www.suicidology.org

Disposal of Remains

Three procedures are required by law when death occurs: the filing of a death certificate with the city's Department of Health, proper disposal of the remains, and a legally valid distribution of the deceased's property.

The Death Certificate

A death that occurs in New York City must be reported to the Department of Health within 48 hours. If the deceased was alone at the time of death, the report must be filed within 48 hours of discovery of the remains. The report document is called a "certificate of death."

If the death is from natural causes and occurs in a hospital or nursing home, the institution's staff prepares the certificate along with a medical report stating the cause of death. If the death is from natural causes and occurs at home or in another nonpublic space, the death certificate and medical report are completed by a doctor, who also certifies that there is no evidence of suspicious or unusual circumstances. If the death occurs in a public space or is the result of suicide, homicide, an accident, or other unnatural or suspicious cause, the medical examiner's of-

fice takes charge of the remains, conducts an investigation, and completes the death certificate.

The completed death certificate must be filed with the Department of Health by (1) a hospital or nursing home if the death occurred there, (2) the medical examiner's office if it has jurisdiction, or (3) a licensed funeral director.

Copies of the death certificate, which next of kin will need for many legal purposes, are available in person or by mail for a fee from the Department of Health, 212/788-4520 or 442-9666. If you use the services of a funeral director, he/she can obtain the copies for you.

Copies contain only the name, sex, date of death, and place of death. Personal information, such as race, ancestry, and cause of death, are not included.

Choices in the Disposal of Remains

There are three choices for the disposal of remains: (1) donation to a medical college, (2) cremation, or (3) interment, either underground or in a vault above ground.

Donation

Several medical colleges in New York City accept donations, which are used for organ transplants and research. The remains must not be embalmed or autopsied, and the cause of death must not be an infectious disease. Arrangements can be made in advance or when death occurs. If arranged for in advance, it is important to make alternate plans in case the circumstances of death prevent acceptance of the remains. Transportation of the remains to the college and the filing of a death certificate are usually provided free of charge by the medical facility.

For information, instructions, and forms authorizing donation:

Columbia Presbyterian Medical Center, ☎ 212/
305-3600

Organs and Tissue Donations

On any given day some 60,000 Americans need organ transplants to save their lives. Even more people need tissue transplants. A single person's donation of organs could benefit as many as 30 people.

Those over age 60 can make valuable contributions, including skin, bone, corneas, ear tissue, and pituitary hormone. The organs of those with Alzheimer's and other age-related diseases can aid research that will benefit future generations.

How to Make Organ and Tissue Donations

- Donate your remains to a medical school.
- Fill out a "Uniform Donor Card" and carry it with you.
- Fill out the organ donation form on the back of your driver's license.

Mount Sinai Medical Center, ☎ 212/241-7057

New York Hospital–Cornell Medical Center, ☎ 212/746-6140

New York University School of Medicine, ☎ 212/263-5378

University Hospital of Brooklyn, ☎ 718/270-1025

Yeshiva University Albert Einstein College of Medicine, ☎ 718/430-3142

Cremation

In the process of cremation mechanical devices such as pacemakers are removed from the remains, which are then placed in a container that is fully combustible. The

- State your wishes for organ and tissue donation in your will and tell your family and legal representatives so they can act quickly when death occurs.
- When admitted to a hospital or nursing home, ask that your wishes be entered on your chart and in the institution's files.

Universal Donor Cards are available free from the Coalition on Donation, ☎ 800/355-7427, and the Continental Association of Funeral and Memorial Societies, ☎ 800/458-5563.

Free Publications

Organ & Tissue Donation: Share Your Life, Share Your Decision. Available from the Coalition on Donation, ☎ 800/355-SHARE

Online information is available from the United Network for Organ Sharing, www.unos.org

container can be a pouch made of canvas or other flexible material or a box made of wood, cardboard, or other rigid material.

The container and remains are placed in the cremation chamber where fire reduces them to gas and steam over a period of two to three hours. Only bone fragments called “cremains” (or “ashes”) remain. If desired the cremains can be ground into fine, sandlike particles. The cremains are placed in a container of the family's choosing.

The cremains can be kept by the family, buried, placed in a mausoleum or columbarium (a building designed to house cremains), or scattered on land or water. If the deceased's family does not take possession of the cremains within 120 days, the crematory is permitted to dispose of them.

Arrangements for cremation can be made with a crematory or funeral director in advance of death or, after death, by the next of kin or someone else who has legal authority over the remains. The law requires a cremation permit, the application for which is available from crematories and funeral directors and from the Burial Desk of the city's Department of Health, ☎ 212/788-4545.

Interment

Arrangements for interment can be made in advance of death or when death occurs. They can be made directly with a cemetery or with the help of a funeral director or a funeral, memorial, burial, or cemetery society (see “Service Providers” below). In New York City a licensed funeral director is required to transport remains.

Unclaimed Remains

If no one with legal authority to claim the remains is available at the place of death, the remains are taken to a city mortuary (or “morgue”). They may also be taken to a mortuary if death occurs in a hospital or nursing home and the remains are not claimed there within 24 hours. If claimed, the remains can be removed from the mortuary only by a licensed funeral director. If the remains are left unclaimed, they may be made available for medical research or buried in a city cemetery.

Death Ceremonies

A *funeral* is a ceremony in which the remains are present in a closed or open casket. Many families observe visiting hours beforehand, during which the casket may or may not be open for viewing.

A *committal service* is one held at the gravesite, mausoleum, or crematory immediately before the remains are interred or cremated.

A *memorial service* is one that commemorates the deceased without the remains being present. A memorial service is often held after the remains have been disposed of.

In a *direct burial* or *direct cremation* there is no formal viewing, visitation, or funeral, but there may be a committal service.

Service Providers

The most frequently used providers of death-related services are funeral directors, cemeteries, and crematories. Other providers include not-for-profit and for-profit funeral, memorial, burial, and cemetery societies.

Funeral Directors

There are two (and only two) death-related services for which a licensed funeral director is required by law: (1) the filing of a completed death certificate with the city's Department of Health, and (2) the transport of remains. If the remains are donated to a medical college, the college usually provides these services free of charge. If a direct burial or direct cremation is desired, the cemetery or crematory may have a funeral director on staff to perform these services. If not, an independent funeral director must be hired.

There are two other, optional, services that also require a funeral director: (1) preparation of the remains for viewing, including embalming if this procedure is desired; and (2) custodial care of the remains if they are not immediately buried or cremated.

Funeral directors also provide or arrange for many other services, facilities, and merchandise. These include funeral arrangement conferences, caskets, grave liners, burial clothing, viewing rooms, chapels, altar settings, flowers, music, clergy, pallbearers, transportation vehicles, burial sites, burial tents, grave markers, monuments, newspaper death notices, religious objects, urns, memor-

ial and acknowledgment cards, and the filing of insurance and Social Security benefit claims.

A funeral director is permitted to charge for, and profit from, each service, facility use, or item of merchandise. However, if a funeral director purchases something from a third party (for example, the facilities of a cemetery or crematory, copies of the death certificate, flowers, or clergy services), he/she cannot make a profit by marking up the cost of these purchases. He/she can charge only for the cost of the purchases plus a service fee for buying them for the customer.

In all cases a funeral director must provide the customer with four documents:

1. a price list for caskets giving the price and a brief description of each casket or “alternative container” (such as a cardboard or pressed-wood box)
2. a price list for “outer interment receptacles” (also called “grave liners”), which are required by many cemeteries
3. a “general price list” for all other services and merchandise
4. a contract, called an “itemized statement of services and merchandise,” which lists each item selected by the customer and the total cost

In 1999 most funerals in New York City cost between \$2,000 and \$50,000; the average was about \$7,000. These figures include the ceremony, merchandise, and related services but not interment. A list of 39 funeral businesses and their lowest prices is included in *The High Cost of Dying*, available free from the New York City Department of Consumer Affairs, ☎ 212/487-4444, www.ci.nyc.ny.us/consumers

Some funeral directors illegally take advantage of the grief, confusion, and time constraints surrounding a death in order to sell unnecessary or overpriced merchandise. To protect yourself from such abuse, you may wish

to preplan the funeral or join a funeral or memorial society (see below).

Complaints. The following agencies investigate complaints about funeral directors who overcharge their customers, use pressure tactics, or provide unsatisfactory service:

Consumer Frauds Office of the New York State Attorney General, ☎ 212/416-8300

New York City Department of Consumer Affairs, ☎ 212/487-4444

The Continental Association of Funeral and Memorial Societies, ☎ 800/458-5563, will help in filing a complaint.

Free Publications

Caskets and Burial Vaults and Funerals: A Consumer Guide. Both available from the Federal Trade Commission, ☎ 202/326-2180, www.ftc.gov

A Consumer's Guide to Arranging a Funeral. Available from the Bureau of Funeral Directing of the New York State Department of Health, ☎ 518/402-0785

Making Funeral Arrangements. Available from the National Funeral Directors Association, ☎ 800/228-6332, www.nfda.org

Cemeteries

Cemeteries provide space for burial, staff for opening and closing graves and maintaining gravesites, and sometimes licensed funeral directors, chapels, and other burial services. The purchaser of a cemetery plot must be given a deed establishing his/her right to bury the remains there. Many cemeteries require an “outer interment receptacle” (or “grave liner”)—a support container, usually comprised of cement slabs, into which the casket is

placed. Its purpose is to prevent sinking at the surface in later years.

Complaints. Complaints about cemeteries should be sent to the Division of Cemeteries, New York State Department of State, 162 Washington Avenue, Albany, NY 12231.

Free Publication

A Guide to Cemetery Goods and Services (publication D 13162). Available to members of the American Association of Retired Persons, ☎ 800/424-3410

Crematories

Crematories provide the cremation chamber in which the remains are burned. They also provide containers for the remains to be burned in and urns for the “cremains” (or “ashes”). They may also provide the services of a licensed funeral director. In New York City the total cost of all these services is about \$700. Many crematories also have on-site chapels for committal services and can arrange for such services as limousines, flowers, clergy, urns, and memorial and acknowledgment cards.

Complaints. Complaints about crematories should be sent to the Division of Cemeteries, New York State Department of State, 162 Washington Avenue, Albany, NY 12231.

Burial, Cemetery, Funeral, and Memorial Societies

To keep funeral and burial costs in check, many religious and fraternal organizations sponsor not-for-profit societies that contract with service providers on behalf of their members. Independent not-for-profit societies exist in most parts of the U.S. but not in New York City. However, two church-affiliated societies accept membership from the public at large:

Cautions when Prepaying to a Funeral Business

- Deal only with a funeral business that has a good and long-standing reputation. Money that a funeral director takes if he/she closes down and moves away is difficult to recover.
- Have a clear and detailed pre-need agreement in hand before you prepay.
- Get a receipt and keep it in a safe place.
- Let your family and legal representatives know you have prepaid. Otherwise, they may go to a different business and pay again.

The Community Church of New York Funeral Society, ☎ 212/683-4988

The Memorial Society of Riverside Church, ☎ 212/870-6785

Societies of this type encourage advance planning and simplicity in death ceremonies. They usually discourage embalming and open-casket viewing.

Free Publications

Funeral and Memorial Societies of America (FAMSA) publishes a directory of memorial societies as well as books and pamphlets on preparing for death, the funeral industry, and low-cost options for the disposal of remains. For information: ☎ 800/765-0107, www.org/famsa

Advance Instructions

Medical schools, crematories, memorial societies, cemeteries, and funeral businesses maintain files in which ad-

vance instructions and permits are stored. Preparing and storing instructions in advance of need does not require advance payment. (If death services are not prepaid, the estate or family is charged for them after the death occurs.) Advance instructions are not legally binding and can be changed by next of kin after death occurs. If you want to guarantee that your instructions will be followed, you will need an attorney's assistance in preparing legally binding documents.

Advance Payment

There are two ways to prepay for death services:

1. Money can be paid to a funeral business, which must deposit it within ten days in an interest-bearing account or government-backed investment.
2. Money can be deposited by you in a bank account that you control but which is payable only for death expenses.

The second choice is safer. Money prepaid directly to a funeral business can be lost if the business closes or the owner moves away.

A prepayment account, whether at a bank or with a funeral business, consists of the money originally deposited together with the interest on this money as it accrues. The money remains legally yours, and you are taxed each year on the interest. Unless it is "irrevocable," you can cancel the agreement and withdraw the money at any time without penalty. An irrevocable account cannot be returned to you, but it can be transferred to another bank or service provider without penalty.

Prepayment agreements with funeral businesses come in one of two types: a "guaranteed" funeral and a "nonguaranteed" funeral. In the first, the funeral business guarantees that the cost of services and merchandise selected will be covered fully by whatever funds are in the prepayment

account at the time of death. In a nonguaranteed agreement the business charges for the selected services and merchandise at whatever rates are in effect when death occurs. If the nonguaranteed prepayment account is not large enough to cover the costs, the deceased's estate or family must make up the difference. If the principal and interest exceed costs, the excess money must be refunded.

If a funeral home does not include cemetery, crematory, or monument costs in a prepayment agreement, separate arrangements must be made with these providers.

Free Publications

Before Prepaying Your Funeral, Know Your Rights. Available from the Bureau of Funeral Directing of the New York State Department of Health, ☎ 518/402-0785

Prepaying Your Funeral? (publication D 13188). Available to members of the American Association of Retired Persons, ☎ 800/424-3410

Payment Sources

Department of Veterans Affairs (VA)

Veterans, spouses, ex-spouses, and minor children are usually eligible for burial at no cost in a national ceme-


The Social Security Death Benefit

Social Security pays a death benefit of \$255 to one of the following: (1) a surviving spouse, or (2) a qualified surviving ex-spouse, or (3) a surviving child who is eligible for benefits on the deceased's work record. In many cases the death benefit is sent automatically. If it is not, then it must be applied for at a Social Security office within two years of the death.

tery. The VA pays up to \$1,500 for a death ceremony and disposal of remains for veterans whose death was service-connected. A payment of \$300 is made to those who were receiving a VA pension or who died in a VA hospital or nursing home. Headstones, grave markers, or memorial markers for a veteran are available at no cost for placement in any cemetery. The VA may also pay for transporting the remains to a cemetery. However, the VA does not provide a headstone or marker for a spouse or child buried in a private cemetery.

Claims for expense reimbursement must be made within two years of death unless the death was service-connected, in which case there is no time limit.

For information and assistance with application forms, call the New York State Division of Veterans Affairs:

Bronx	 718/563-5935
Brooklyn	 718/630-3709 or 875/1077
Manhattan	 212/961-8663
Queens	 718/459-1828
Staten Island	 718/447-8787

New York State Workers' Compensation Board (WCB)

The WCB pays a maximum of \$6,000 for a death ceremony and disposal of remains if a worker dies from a work-related injury or disease. For salaried firefighters the maximum amount is \$3,000. For volunteer firefighters the amount may be greater than \$3,000.

For information: WCB,  718/802-6600

New York State Crime Victims Board (CVB)

The CVB provides up to \$2,000 for a death ceremony and disposal of remains for victims who die from injuries received during the commission of the crime. The agency also provides counselors to help survivors deal with the loss of their loved one.

For information: CVB, ☎ 212/417-5160

Help in obtaining CVB benefits is available from the Victim Services Agency, ☎ 212/517-7777 (TDD 212/233-3456), and the Elderly Crime Victims Resource Center of the New York City Department for the Aging, 212/442-3103.

New York City Human Resources Administration (HRA)

The HRA pays up to \$800 for a death ceremony and disposal of remains for those who die without someone available to pay the costs. However, no money is paid if the death ceremony alone costs more than \$1,400. The application for reimbursement, together with supporting documents, must be submitted within 60 days of death.

For information and applications contact a funeral director or call HRA, ☎ 718/237-8431.

Hebrew Free Burial Association (HFBA)

The HFBA provides free or low-cost funerals and burials for Jews at the HFBA cemetery on Staten Island. Free services are available to those at or below the federal poverty level. Low-cost services are available to those whose resources are slightly higher.

For information: HFBA, ☎ 212/239-1662

Death Notices and Obituaries

A *death notice* is a paid announcement giving information about the deceased, the date and place of death, the names of survivors, the time and location of a death ceremony, and the family's wishes regarding flowers or other memorial gifts. The notice is prepared and paid for by the deceased's family or friends but may also be prepared by a funeral director or other person in consultation with the deceased's family or friends.

An *obituary* is a news account of the deceased's death with biographical and professional information. It is pre-


pared by the staff of a newspaper or other publication based on public information, information in the publication's files, or information provided by the deceased's family, friends, and professional colleagues. An obituary, like other news, is printed free of charge and appears solely at the discretion of the publication.

Bereavement Support Groups

Grieving is a normal, natural, and necessary process. For most people healing is advanced when grief is shared with others who understand such loss and have experienced it themselves.


Many support groups in the city help people cope with grief. They are sponsored by religious organizations, hospitals, funeral businesses, and community agencies such as the YM-YWCA and YM-YWHA. Some groups serve specific types of survivor, such as widows, widowers, adult children, survivors of AIDS or cancer victims, survivors of highway fatalities or homicides, and gay and lesbian survivors.

Free Information and Support

Nationwide	Grief Recovery Helpline,  800/445-4808
Local	New York City Self-Help Center,  212/586-5770
Internet Indexes	www.webhealing.com/wwwboard www.yahoo.com/Society _and_Culture/death www.katsden.com/death/ index.html

Free and Low-Cost Publications

Grief and Loss, www.aarp.org/griefandloss

Moving through Grief and Loss. Available for sale from
Krames Communications,  800/333-3032

On Being Alone: A Guide for Widowed Persons (publication D 150; Chinese D 15215; Spanish D 13949). Available free to members of the American Association of Retired Persons, ☎ 800/424-3410

Internet Resources



The following websites provide indexes and links to internet resources on aging, including information about organ and tissue donation and the funeral industry:

- Directory of Web and Gopher Aging Sites, www.aoa.dhhs.gov/aoa/webres/craig.htm
- Geroweb, www.iog.wayne.edu/GeroWeb.html
- Internet and E-mail Resources on Aging, www.aoa.dhhs.gov/jpost6/#top (last and final update: 1997)

Distribution of Property

Safeguarding Your Wishes

The only way to safeguard your wishes for the distribution of your money and personal possessions is to plan the distribution now while you are alive. (Professionals in the field call this “estate planning.”) Proper planning helps ensure that your preferences for distribution are honored. It also saves money, time, and other hardships for beneficiaries. Planning is essential for those who want to leave money and property to friends, charities, and domestic partners.

Planning can include (1) gifts made while living, (2) shared (or “joint”) ownership of property, (3) “payable-on-death” bank accounts, (4) instructions contained in a will, and 5) instructions contained in a trust agreement.

Free Publications

Planning Issues for Older New Yorkers. Available from the New York State Bar Association, ☎ 518/463-3200
Tomorrow's Choices: Preparing Now for Future Legal, Financial and Health Care Decisions (publication D 13479). Available to members of the American Association of Retired Persons, ☎ 800/424-3410

Death Swindles

Survivors, especially widows, are often preyed upon by swindlers who claim that they are owed money. They may claim that the deceased failed to pay a life insurance premium but that if it is paid now (secretly and in cash), the insurance pay-out will not be jeopardized. They may claim that merchandise was ordered by the deceased but not paid for. They may recommend investments.

Be suspicious whenever a stranger mentions money. Never give someone cash. Before signing anything or giving money to anyone, always consult with someone you know and trust.

Shared Ownership ("Joint Tenancy")

Examples of shared ownership, or "joint tenancy," include jointly owned bank accounts, safe deposit boxes, real estate, cars, and securities. If the phrase "with right of survivorship" is included in a joint tenancy agreement, the death of one partner does not interfere with the surviving partner's ownership of and access to the property. This is a convenient way to settle in advance the question of ownership if one partner dies. In addition, this way of settling the ownership question is not subject to supervision by the probate court.

For more information about joint tenancy and its potential risks, see "Shared Ownership and Management of Property" in chapter 13.

Free Publication

Joint Tenancy. Available from the National Academy of Elder Law Attorneys, ☎ 602/881-4005

Payable-on-Death Bank Accounts

Bank accounts, including certificates of deposit, can include the name of a beneficiary to whom the account is to be paid if the depositor dies. This is done by naming the beneficiary on the signature card you sign at the bank. As with joint ownership, this type of bank account is not subject to probate. Unlike joint ownership, the beneficiary does not have access to the account until the depositor dies and a death certificate is presented to the bank.

Wills

A will is a legal document in which you specify exactly how you want your financial assets and possessions to be distributed. In a will you should also:

1. name the “executor(s)” who will see that your property is distributed according to your instructions
2. name a guardian for any underage or mentally incompetent children
3. provide for delayed transfers of property in the case of beneficiaries who are not yet competent to handle an inheritance (usually done by establishing a “testamentary trust”)
4. state how you want your remains to be disposed of
5. state any other wishes you have in regard to your property

A will should recognize, at least by name, all close family members who might reasonably expect to receive property even if they are not actually named as beneficiaries.

In order for a will to be legally binding it must be signed in the presence of two witnesses, who also sign their names and give their addresses. The witnesses may not include anyone named in the will as a beneficiary.

In many cases a will can be prepared without the aid of a lawyer. Kits and computer programs with blank forms are available in many stationery stores, especially those located near courthouses, and through other retailers. However, large estates, complex instructions, or instructions that depart from the usual wishes of most New York State residents almost always require the help of a lawyer. Such help can prevent long and costly disputes among heirs and may eliminate or reduce the costs and taxes associated with death and the distribution of assets.

Free Legal Assistance. Free help in preparing a will is available at many of the city's neighborhood senior centers and from the agencies listed in chapter 14.

Free and Low-Cost Publications

About Being an Executor and *Making a Will*. Both available free from MetLife, ☎ 800/METLIFE, www.lifeadvice.com

Being an Executor (publication 606C). Available free from the U.S. Consumer Information Center, P.O. Box 100, Pueblo, CO 81009, www.pueblo.gsa.gov

Senior Citizens Handbook (Chapter 2, "Personal Affairs Management for the Older New Yorker"). Available for sale from the New York State Bar Association, ☎ 518/463-3200

Wills and Living Trusts. (publication D 14535). Available free to members of the American Association of Retired Persons, ☎ 800/424-3410

Trusts

The two most common types of trust are a *living trust*, which is established while a person is alive, and a *testamentary trust*, which takes effect after death under the terms of a will. In both cases a trust is a legal agreement in which control over financial and/or other property is

given to a person or organization (the “trustee”) with instructions as to how the property is to be managed and for whose benefit. A living trust is usually managed during a person’s lifetime for his/her own benefit but can be written to benefit others as well. It can be “revocable” (subject to change or cancellation) or “irrevocable” (not subject to change or cancellation). A testamentary trust is usually irrevocable.

In specifying who will receive the benefits after you die, a living trust functions somewhat like a will. However, it has several protections not possible in a will:

1. The assets of a trust usually cannot be claimed by creditors, ex-spouses, or others who are not named as beneficiaries.
2. The distribution of assets in a living trust is not subject to the delays and costs of supervision by the probate court nor to the state laws that govern the inheritance of property. (However, the contents of a living trust are still counted when the value of an estate is determined, thus affecting estate taxes.)
3. The provisions of a living trust are not made public, as a will is.
4. You can prevent beneficiaries from misusing large, lump-sum gifts by specifying the rate at which the assets will be distributed.
5. If you become unable to manage your financial and personal affairs, or your beneficiaries become unable to manage theirs, the trustee(s) will be able to continue supplying the support provided for under the terms of the trust agreement. This feature could eliminate the need for a court-appointed guardian should you or your beneficiaries become unable to handle financial matters.

Even though you establish one or more trusts, you should also have a will so that property not included in the trust(s) is distributed according to your wishes.

Trustees: A Word of Caution about Banks. Banks are frequently chosen to receive and manage money for the benefit of children, grandchildren, and other beneficiaries. However, banks frequently mismanage the money they receive, convert the assets they receive into investments that benefit the bank (such as bank certificates of deposit or bank-owned mutual funds), or engage in long and costly lawsuits with beneficiaries. Furthermore, banks are not permanent. They can merge into new entities with new managers and new policies. The bank you have confidence in today may not exist next year.

To avoid these problems, you may wish to:

1. appoint a cotrustee (such as a lawyer, a family member, or a trusted friend) who will cosign all checks and coapprove all money-management decisions
2. include in the trust agreement a clause allowing beneficiaries (under specified conditions) to replace the trustee you name with another trustee
3. divide responsibilities among trustees—for example, have one trustee do the administration (such as check writing) and another do the management (such as deciding what investments and payouts to make)

Free and Low-Cost Publications

Living Trusts. Available free from the National Academy of Elder Law Attorneys, ☎ 602/881-4005

Senior Citizens Handbook (Chapter 2, “Personal Affairs Management for the Older New Yorker”). Available for sale from the New York State Bar Association, ☎ 518/463-3200

Wills and Living Trusts (publication D 14535). Available free to members of the American Association of Retired Persons, ☎ 800/424-3410

The Distribution Process

All the property a person owns at the time of death is called his/her “estate.” Various laws govern the distribution of this property. In determining which laws apply, an estate is first divided into two categories: “nonprobate” property and “probate” property.

Nonprobate Property

Nonprobate property includes:

1. joint bank accounts and other “joint tenancy” property that is owned by you and someone else with “right of survivorship”
2. “payable-on-death” bank accounts (for which a beneficiary is named on the account’s signature card)
3. life insurance and pensions if the benefits are paid directly to the deceased’s beneficiaries
4. all property that is included in a living trust; this property is distributed according to instructions contained in the trust agreement

Probate Property


Probate property consists of everything you own in your name alone at the time of your death. The distribution of probate property depends on whether or not you leave a legally valid will. If there is such a will, then its instructions for distribution are followed. If there is no legally valid will, then New York State’s laws of inheritance apply. In general outline these laws are:

1. If there is a spouse but no surviving children, the spouse inherits all the probate property.
2. If there is a spouse and surviving children, the spouse inherits the first \$50,000 of probate property

- and the remainder is divided one-half to the spouse and one-half to the children (in equal amounts).
3. If there is no spouse, the probate property is divided equally among the deceased's children.
 4. If there are no children, the probate property is divided equally among the deceased's grandchildren.
 5. If there are no grandchildren, the probate property is divided equally among the deceased's parents.
 6. After parents, the line of inheritance progresses to (a) brothers and sisters, (b) the children of brothers and sisters, and (c) aunts and uncles of the deceased.

The Probate Process

The distribution of probate property is supervised by the Probate Department (or “Probate Court”) of the New York State Surrogate’s Court. The phone numbers for the Surrogate’s Courts in New York City are:

Bronx	 718/590-3611
Brooklyn	 718/643-5262
Manhattan	 212/374-8233
Queens	 718/520-3116
Staten Island	 718/390-5400

The process begins when a relative, beneficiary, or legal representative of the deceased goes to the Probate Court with the original death certificate and the original will (if a will exists) and requests that the process begin. In 1999 the fee for this “pleading” ranged from \$35 for a probate estate of \$10,000 or less to \$1,000 for a probate estate of \$500,000 or more. Additional fees are charged if other forms need to be filed or other proceedings need to be initiated.

The second step in the probate process is validation of the will (if there is one) by the Probate Court. (“Probate” means “proving the will.”)

The third step is installing a “personal representative” to carry out instructions in the will as well as instructions from the court. If this person is named in the will, he/she is called an “executor.” If the person is appointed by the court, he/she is called an “administrator.” If there is no will, or if no one is named as executor, or if the person named does not want to serve as executor, the Probate Court appoints an administrator, usually a family member or someone named as a beneficiary.

Some contents of an estate may be off-limits and inaccessible, even to a surviving spouse, until a personal representative is installed. For example, if the deceased rented a safe deposit box or had a bank account in his/her own name alone, no one will have access to these properties until the personal representative gives ownership rights to them.

Duties of the Personal Representative

The duties of a personal representative include:

1. making an inventory and determining the value of the estate’s assets
2. notifying beneficiaries named in the will
3. notifying banks, credit card companies, and other financial institutions with which the deceased did business
4. opening a checking account for the estate to receive money and pay debts
5. collecting debts, insurance, and benefits owed to the deceased and to the estate
6. paying debts owed by the deceased
7. paying taxes owed by the deceased and by the estate
8. distributing the remaining assets according to instructions in the will (or following the state’s inheritance laws)
9. filing receipts, tax returns, and other documents with the Probate Court

For probate estates valued at \$20,000 or less the personal representative can probably handle these matters alone. For larger estates or ones with complex financial or ownership questions, professional assistance may be needed from a lawyer or accountant. Limited free help is available at each Probate Court.

The personal representative is reimbursed from assets in the estate for all expenses, including probate fees, lawyer's and accountant's fees, and notification costs. The personal representative may also receive a fee from the estate for his/her work or may choose not to. The fee can be specified in the will. The personal representative must post a bond, using estate funds, unless the will states that no bond is required.

Free and Low-Cost Publications

Being an Executor. Available free from MetLife, ☎ 800/METLIFE, www.lifeadvice.com

Estate Planning and Probate. Available free from the National Academy of Elder Law Attorneys, ☎ 520/881-4005

Final Details: A Guide for Survivors when Death Occurs (publication D 14168). Available free to members of the American Association of Retired Persons, ☎ 800/424-3410

Senior Citizens Handbook (Chapter 2, "Personal Affairs Management for the Older New Yorker"). Available for sale from the New York State Bar Association, ☎ 518/463-3200

"Avoiding" Probate

There is no way to avoid probate entirely. The distribution of property classified as nonprobate (see above) is not subject to oversight by the Probate Court, but all other property is, and almost everyone leaves at least some probate property at death.

Avoiding probate does not mean avoiding estate or other taxes. Minimizing taxes usually requires the advice

of a lawyer or accountant who has knowledge and experience in estate planning.

Low-Cost Publication

Eight Ways to Avoid Probate. Available for sale from Nolo Press, ☎ 800/992-6656

Internet Resources



The following websites provide indexes and links to internet resources on aging, including information about wills, trusts, and probate:

- Directory of Web and Gopher Aging Sites, www.aoa.dhhs.gov/aoa/webres/craig.htm
- Geroweb, www.iog.wayne.edu/GeroWeb.html
- Internet and E-mail Resources on Aging, www.aoa.dhhs.gov/jpost6/#top (last and final update: 1997)

Appendix

Multilingual Help and Information

Social Service Agencies with Bilingual Speakers

Albanian

Council of Belmont Organizations, 📞 718/364-4788

Amharic

African Services Committee, 📞 212/683-5019

Arabic

Afghan Immigrant Islamic Center, 📞 718/461-9078

African Services Committee, 📞 212/683-5019

Armenian

Armenian Center, 📞 718/651-4687

Armenian Welfare Association of New York, 📞 718/
461-1504

Bambara

African Services Committee, 📞 212/683-5019

Bosnian

St. Rita's Center for Immigrant and Refugee Services,
📞 718/365-4390

Cambodian

New York Association for New Americans (legal and citizenship matters), ☎ 800/735-7359

St. Rita's Asian Center, ☎ 718/365-4390

Cantonese

Citywide New York Association for New Americans (legal and citizenship matters), ☎ 212/425-5051

Visions (services for the visually impaired), ☎ 212/425-2255

Brooklyn Brooklyn Chinese-American Association, ☎ 718/438-9312

Chinese-American Planning Council, ☎ 718/492-0409

Manhattan Chinatown Senior Citizen Center, ☎ 212/233-8930

Chinese-American Planning Council, ☎ 212/941-0978

Greater Chinatown Community Association, ☎ 212/374-1311

Hamilton Madison House, ☎ 212/349-3724

Project Open Door, ☎ 212/431-9026

Queens Chinese-American Planning Council, ☎ 718/358-8981

Queens Nan Shan Senior Center, ☎ 718/358-3030

Creole

Citywide New York Association for New Americans (legal and citizenship matters), ☎ 212/425-5051

New York Legal Assistance Group, ☎ 212/750-0800

Brooklyn BHRAGS Senior Citizen Program, ☎ 718/773-4358
 Flatbush Haitian Center, ☎ 718/693-5700
 Haitian Centers Council, ☎ 718/855-7275

Queens Elmhurst Corona Haitian Community Center, ☎ 718/651-3082

Croatian

COBO Mt. Carmel Center, ☎ 718/733-8852
 Council of Belmont Organizations, ☎ 718/364-4788

Czech

Yorkville Lunch Club, ☎ 212/535-5253

Egyptian Arabic

Community Lounge Senior Center, ☎ 212/777-8333

French

Citywide African Services Committee, ☎ 212/683-5019
 JASA Help Center, ☎ 212/273-5272
 New York Association for New Americans (legal and citizenship matters), ☎ 212/425-5051
 New York Legal Assistance Group, ☎ 212/750-0800
 Selfhelp Community Services, ☎ 212/971-7600

Brooklyn BHRAGS Senior Citizen Program, ☎ 718/773-4358

Brooklyn South Family Center,
☎ 718/998-7321

Fulani

African Services Committee, ☎ 212/683-5019

German

Citywide JASA Help Center,
☎ 212/273-5272
Selfhelp Community Services,
☎ 212/971-7600

Brooklyn Boro Park Senior Center,
☎ 718/854-7430

Greek

Citywide New York Association for New
Americans (legal and citizenship
matters), ☎ 212/425-5051

Bronx HANAC, ☎ 718/409-9876

Brooklyn HANAC Extended Services,
☎ 718/748-1310

Manhattan HANAC, ☎ 212/964-9815

Queens HANAC Extended Services,
☎ 718/728-3586
HANAC Senior Center,
☎ 718/626-3035
Steinway Family Services,
☎ 718/389-5100

Hebrew

Citywide JASA Help Center,
☎ 212/273-5272
Jewish Information and Referral
Service, ☎ 212/753-2288

Bronx JASA Bronx Group Services,
☎ 718/365-4044

Brooklyn	Boro Park Senior Center, ☎ 718/854-7430 JASA Manhattan Beach Senior ☎ Center, 718/646-1118 Sephardic Multiservice Senior Center, ☎ 718/259-0100
Manhattan	Goddard-Riverside Senior Center, ☎ 212/873-6600
Queens	Young Israel Forest Hills, ☎ 718/520-2305 Young Israel Queens Valley, ☎ 718/263-6995

Hungarian

Harama Senior Citizen Center, Brooklyn, ☎ 718/
646-7558

Italian

Citywide	New York Association for New Americans (legal and citizenship matters), ☎ 212/425-5051
Bronx	COBO Mt. Carmel Center, ☎ 718/733-8852 Council of Belmont Organizations, ☎ 718/364-4788 STOP Middletown Plaza, ☎ 718/822-0486
Brooklyn	American Italian Coalition, ☎ 718/256-2983 Amico Senior Center, ☎ 718/972-1558 BFFY Narrows Senior Center, ☎ 718/256-1166 Senior Citizen Outreach and Assistance, ☎ 718/853-0100

Queens

American Italian Coalition
of Organizations,

☎ 718/256-2983

Glenridge Senior Citizens

Multiservice, ☎ 718/386-5136

Howard Beach Senior Center,

☎ 718/738-8100

Italian Senior Citizens Center,

Elmhurst, ☎ 718/335-7272

Ridgewood Bushwick

Multiservice Center,

☎ 718/366-0200

Japanese

Japanese-American Help for the Aging, ☎ 212/840-6942

Japanese-American Social Services, ☎ 212/255-1881

Khmer

Bronx Center for Community Services, ☎ 718/584-8006

Chinatown Planning Council, ☎ 212/941-0030

Korean

Brooklyn

Dorchester Senior Center,

☎ 718/941-6700

Manhattan

Korean Social Service Center of

New York, ☎ 212/255-6969

Queens

Corona Program for the Elderly,

☎ 718/458-7259

Korean-American Senior Citizen

Counseling Center, Flushing,

☎ 718/939-7214

Korean American Senior

Citizens Society of Greater

New York, ☎ 718/461-3545

Korean Community Services of
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Woodside, ☎ 718/899-8597
Korean Immigrant Services of
New York, Flushing,
☎ 718/359-5000

Laotian

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Mandarin

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Americans (legal and citizenship
matters), ☎ 212/425-5051

Visions (services for the visually
impaired), ☎ 212/425-2255

Bronx COBO Mt. Carmel Center,
☎ 718/733-8852

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Council, ☎ 718/492-0409

Manhattan Chinese-American Planning
Council, ☎ 212/941-0978
Greater Chinatown Community
Association, ☎ 212/374-1311
Hamilton Madison House,
☎ 212/349-3724

Project Open Door,
☎ 212/431-9026

Queens Chinese-American Planning
Council, ☎ 718/358-8981

Nepalese

American Nepal Friendship Society, ☎ 718/591-2377

Pashto

Afghan Immigrant Islamic Center, ☎ 718/461-9078

Persian (Farsi)

Afghan Immigrant Islamic Center, ☎ 718/461-9078
New York Legal Assistance Group, ☎ 212/750-0800

Polish

Citywide Polish American Immigration and Relief Committee, ☎ 212/254-2240
Polish American Legal Defense and Education Fund, ☎ 212/683-1833

Brooklyn Krakus Luncheon Club, ☎ 718/383-3434
Polish and Slavic Centers, ☎ 718/383-3324 or 383-2360
Prospect Hill Senior Services, ☎ 718/499-9574

Manhattan John Paul Friendship Senior Center, ☎ 212/673-7704
Polish and Slavic Centers, ☎ 212/260-2666

Queens POMOC, ☎ 718/326-9098

Russian

Citywide JASA Help Center, ☎ 212/273-5272
Jewish Information and Referral Service, ☎ 212/753-2288
New York Association for New Americans (legal and citizenship matters), ☎ 212/425-5051
New York Legal Assistance Group, ☎ 212/750-0800

Bronx JASA Bronx Group Services, ☎ 718/365-4044

Brooklyn

RAIN Boston Rd. Senior
Center, ☎ 718/547-8827

Bensonhurst Senior Center,
☎ 718/372-4300

Haber House Senior Center,
☎ 718/372-5775

JASA Manhattan Beach Senior
Center, ☎ 718/646-1118

Operation Assist,
☎ 718/377-2900

Park Slope Senior Center,
☎ 718/230-8648

Senior League of Flatbush,
☎ 718/438-7771

Sephardic Multiservice Senior
Center, ☎ 718/259-0100

Manhattan

Metropolitan New York
Coordinating Council,
☎ 212/267-9500

REBECA, ☎ 212/566-3052

Selfhelp Community Services,
☎ 212/971-7600

Spanish

Citywide

Bilingual Helpline of the NYC
Department for the Aging,
☎ 212/442-3010

Institute for the Puerto Rican/
Hispanic Elderly,
☎ 212/677-4181

JASA Help Center,
☎ 212/273-5272

Jewish Information and Referral
Service, ☎ 212/753-2288

- New York Association for New Americans (legal and citizenship matters), ☎ 212/425-5051
- New York Bar Association Legal Referrals, ☎ 212/626-7374
- Patients Rights Hotline (medical matters), ☎ 212/316-9393
- Visions (services for the visually impaired), ☎ 212/425-2255
- Bronx
- Bronx Jewish Community Council, ☎ 718/652-5500
- Christian Community Benevolent Association, ☎ 718/617-1010
- Council of Belmont Organizations, ☎ 718/364-4788
- Hunts Point Multiservice Center, ☎ 718/402-8899
- Neighborhood Selfhelp, ☎ 718/542-0006
- Riverdale Senior Services, ☎ 718/884-5900
- Tolentine Zeiser Community Life Center, ☎ 718/933-3305
- Brooklyn
- Brooklyn South Family Center, ☎ 718/998-7321
- Glenwood Senior Center, ☎ 718/241-7711
- Ridgewood Bushwick Senior Center, ☎ 718/366-3040
- Spanish Speaking Elderly Council, ☎ 718/643-0232
- Manhattan
- Corsi Senior Center, ☎ 212/369-9122

Queens

East Harlem Senior Center,
☎ 212/534-4449

Encore Senior Center,
☎ 212/581-2910

Goddard Riverside Community
Center, ☎ 212/873-6600

Hamilton Madison House,
☎ 212/349-3724

Roosevelt Island Senior Center,
☎ 212/980-1888

United Jewish Council of the
East Side, ☎ 212/233-6037

West Side One Stop Services,
☎ 212/864-7900

Corona Program for the Elderly,
☎ 718/458-7259

Elmhurst Jackson Heights
Senior Center,
☎ 718/478-7171

Institute for Puerto Rican and
Hispanic Seniors,
☎ 718/868-8713

Jamaica Service Program for
Older Adults, ☎ 718/657-6500

Ridgewood Bushwick
Multiservice Center,
☎ 718/366-0200

Steinway Senior Center,
☎ 718/728-8472

Sunnyside Senior Center,
☎ 718/392-6944

Woodside Senior Center,
☎ 718/932-6916

Swahili

African Services Committee, ☎ 212/683-5019

Taishan

Greater Chinatown Association, ☎ 212/374-1311

Tagalog

Filipino American Human Services, ☎ 212/797-9711

Taiwanese

Taiwanese Senior Citizens Association of Greater New York, ☎ 718/445-7007

Ukrainian

Brooklyn Polish and Slavic Centers,
☎ 718/383-3324 or 383-2360
Shorefront JCC,
☎ 718/743-0575

Manhattan Polish and Slavic Centers,
☎ 212/260-2666

Vietnamese

Indochina Sino-American Community Center, ☎
212/226-0317

New York Association for New Americans (legal and
citizenship matters), ☎ 212/425-5051

St. Rita's Asian Center, Bronx, ☎ 718/365-4390

Wolof

African Services Committee, ☎ 212/683-5019

Yiddish

Citywide JASA Help Center,
☎ 212/273-5272

Jewish Information and Referral
Service, ☎ 212/753-2288

	New York Legal Assistance Group, ☎ 212/750-0800
	Visions (services for the visually impaired), ☎ 212/425-2255
Manhattan	Selfhelp Community Services, ☎ 212/971-7600
Brooklyn	Boro Park Senior Center, ☎ 718/854-7430
	Canarsie JCC, ☎ 718/763-4495
	JASA Shorefront Senior Center, ☎ 718/646-1444
	Jewish Community Council of Greater Coney Island, ☎ 718/449-5000
	Kings Bay Senior Center, ☎ 718/648-2053
	Sephardic Multiservice Senior Center, ☎ 718/259-0100
Queens	Queens Jewish Community Council, ☎ 718/544-9033
	Young Israel Queens Valley, ☎ 718/263-6995

New York City Government Offices

All New York City government offices have access to a “language bank” comprised of some 3,000 volunteers and city employees who speak a total of 85 languages and dialects. The language bank provides bilingual speakers free of charge to all residents who need translation services when conducting business with city agencies.

Requests for translation services should be made directly to the staff of the city agency you are dealing with. A few days may be required to obtain a specific bilingual service.

Citizenship and Immigrant Rights

Citizenship New York City (CNYC)

CNYC provides free help with citizenship applications, including free photographs. Its services include visits to senior centers and the homebound. There are CNYC neighborhood offices in the Bronx, Brooklyn, Manhattan, and Queens.

For information: ☎ 888/374-5100

New York City Board of Education

The Board of Education offers free daytime and evening classes in how to become a citizen and in English as a second language. For information: ☎ 718/260-2100

Low-Cost Legal Assistance

Nationwide	INS Hotline, ☎ 800/375-5283 INS forms, ☎ 800/870-3676
Citywide	Center for Immigrants Rights, ☎ 212/505-6890 New York Immigration Hotline, ☎ 718/899-4000
Bronx	Citizens Advice Bureau, ☎ 718/731-3114
Brooklyn	Caribbean Women's Health Association, Flatbush, ☎ 718/826-2942 Catholic Migration, Bensonhurst, ☎ 718/236-3000 Central American Legal Assistance, Williamsburg, ☎ 718/486-6800

- Manhattan
- Legal Services for New York City, Brooklyn Heights,
☎ 718/852-8888
- Asociacion Comunal de Dominicanos Progresistas, Washington Heights,
☎ 212/740-3866
- Catholic Charities, Midtown,
☎ 212/371-1000, ext. 2260
- New York Association for New Americans, Lower Manhattan,
☎ 212/735-7359
- Northern Manhattan Coalition for Immigrants' Rights,
☎ 212/781-0648
- Queens
- Chinese-American Parents' Association, Flushing,
☎ 718/359-6810
- Flushing YWCA,
☎ 718/353-4553
- HANAC, Astoria,
☎ 718/728-3586
- Immigrant Advocacy Services, Astoria, ☎ 718/956-8218
- Liberty Center for Immigrants, Richmond Hill,
☎ 718/641-4390
- Travelers Aid, Jackson Heights,
☎ 718/899-1233

Other Helping Agencies

- Asian American Legal Defense and Education Fund,
☎ 212/966-5932
- Catholic Legal Immigration Network, ☎ 212/826-6251

Central American Legal Assistance, ☎ 718/486-6800
Chinese Progressive Association, ☎ 212/274-1819
Concerned Citizens of Queens, ☎ 718/478-1600
Emerald Isle Immigration Center, ☎ 718/478-5502
Filipino American Human Services, ☎ 212/797-9711
Hebrew Immigrant Aid Society, ☎ 212/613-1443
Japanese American Social Services, ☎ 212/255-1881
Korean American Association of Greater New York,
☎ 212/255-6969
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American Dietetic Association
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Research
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American Geriatrics Society
American Health Assistance
Foundation
American Heart Association
American Horticultural
Therapy Association
American Institute of Certified
Public Accountants
American Liver Foundation
American Lung Association
American Occupational
Therapy Association

American Optometric Association
 American Osteopathic Association
 American Parkinson Disease Association
 American Pharmaceutical Association
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 National Association for Continence
 National Association for Home Care
 National Association for Human Development
 National Association of Area Agencies on Aging
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 National Association of Life Underwriters
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About the Author

John Vinton was born in Cleveland, Ohio, in 1937. Since 1958 he has made his home in New York City. His formal training was in music history, and his work in that field has included the first studies of Béla Bartók's manuscripts, the *Dictionary of Contemporary Music*, and *Essays after a Dictionary: Music and Culture at the Close of Western Civilization*. For ten years he worked as a typesetter, and for another ten he toured northern New York telling old-timers' tales from the Adirondack mountains. He has also been a music critic for the Washington *Evening Star* and General Manager of Dance Theater Workshop, one of New York's leading presenters of innovative dance.

When he turned 60, he realized he was entering a stage in life about which he knew nothing. Since there was no self-help guide for seniors in New York City, he compiled *Take Charge! The Complete Guide to Senior Living in New York City*.

