

~~**Karen Quick, Regional Aging Services Program Administrator**~~

Serving: Divide, McKenzie & Williams Counties

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**Finding Funds Short for Food?
Federal Supplemental Nutrition
Assistance Program (SNAP) Can
Help**

The Supplemental Nutrition Assistance Program (SNAP) is the U.S. Department of Agriculture-funded program formally called the Food Stamp Program. The new name reflects the changes made to meet the needs of clients, including the focus on nutrition and improving access to this important assistance.

Making the program easily available to older adults is a priority, and North Dakota has taken several steps to achieve this.

- Individuals can request applications by mail or in person at all county social services offices.
- Once complete, the application form can be mailed to or dropped off at the county social service office.
- County workers can interview program applicants by telephone instead of an in-person office interview.
- If seniors or other individuals need help applying for nutrition assistance, a friend or relative may help them apply. This person can assist in directing questions to the county worker, attend the interview, and help the individual purchase food with the individual's special debit card, called an EBT card.

If you have questions about the SNAP program or eligibility, contact your local county social service office, or the North Dakota Department of Human Services toll-free at 1-800-755-2716.

Power of Attorney Abuse

What is Power of Attorney Abuse?

A power of attorney (POA) is a legal document used by an individual to allow someone else to act on their behalf. It is commonly recommended by attorneys as a tool for planning for incapacity because a trusted person can stand in for an individual who can no longer make or communicate financial decisions. When used for planning, the POA generally is “durable,” meaning it continues if incapacity occurs.

While POAs enhance autonomy by authorizing a trusted person to act and avoiding court appointment of a guardian, they also confer a great deal of authority without regular oversight or clear standards for agent conduct. Advocates for older people often call the POA a “license to steal.” While there are no national data on the incidence of POA abuse,

adult protective services and criminal justice professionals report an explosion of financial exploitation cases of this type.

POA abuse takes many forms. An agent may spend the principal’s money for self-dealing purposes, such as buying him- or herself a car rather than paying for the principal’s nursing home care. The agent may exceed the intended scope of authority by, e.g., making gifts of the principal’s property when that power hasn’t been granted. The principal’s estate plan may be undermined when assets are given to unintended recipients. The power of attorney itself may be a fraudulent document or a forgery.

State Regulation and the New Uniform Power of Attorney Act

Powers of attorney are regulated by state law and those laws vary substantially. In 2006, the Uniform Law Commissioners (ULC), who draft and propose model laws, approved the Uniform Power of Attorney Act. Among other goals, the UPOAA aims to promote autonomy and prevent, detect and redress power of attorney abuse.

Some of the key provisions of the UPOAA that benefit and protect people who execute POAs include:

- The clear statement of an agent’s duties, including the agent’s responsibility to act in good faith, within the scope of authority granted, and according to the principal’s known expectations or best interest – as well as more specific duties such as preserving estate plans and cooperating with health care proxies;
- Stringent requirements for exercising “hot powers” – those with a high propensity for dissipating property or altering an estate plan;
- The provision that a third party may refuse to honor a POA when the third party reports suspected abuse to an adult protective services agency or knows that someone else has made a report; and
- Liability of malfeasant agents for damages, attorney’s fees and costs.

Guardianship Program

FACT SHEET

General Overview

- Guardianship is a court-appointed relationship that arranges for an individual (called a guardian) to make decisions for another person (called the ward).
- A guardianship may be needed when the ward's decision-making threatens his or her well-being, or the ward is at risk of emotional or financial danger or physical injury or illness.
- A guardian is required to act in and represent the best interests of a ward, and to protect the ward and his or her rights.
- A guardian must ensure that services are provided in the most normal and least restrictive way possible and are tailored to meet the needs of the ward.
- Guardians are required to involve wards in all decisions to the fullest extent possible.

How is the guardianship process started?

Any person interested in the welfare of an allegedly incapacitated person may petition the court for the appointment of a guardian. After a petition is filed, the court sets a hearing date on the issues of incapacity, appoints an attorney to act as *guardian ad litem*, appoints a physician or clinical psychologist to examine the proposed ward, and appoints a *visitor* to interview the proposed guardian and proposed ward. At the hearing, the court hears evidence about the incapacitation of the proposed ward, and assesses alternative resource plans and the need for guardianship.

How do the courts determine if there is a need for guardianship?

The court reviews all documentation submitted and decides whether a guardianship is needed. The court appoints a guardian and grants specific powers of guardianship based on clear and convincing evidence that the proposed ward is incapacitated, and no other alternative resource is available to safeguard the proposed ward's health, safety, or basic well-being, and has

determined that guardianship is necessary and the best means to provide care, supervision, and food, clothing, and/or shelter for the ward. The court strives to grant powers and duties to the guardian that are appropriate as the least restrictive form of intervention consistent with the ward's ability to care for himself or herself.

Can a guardianship be revoked?

The court may remove a guardian and appoint another if the ward or any person interested in the ward's welfare petitions the court. A guardian may petition the court to accept the guardian's resignation and make another order appropriate for the ward. Removal of the guardian can also be court ordered if a ward is no longer incapacitated, or if a guardian has not acted in the best interest of the ward. The court follows the same procedures used to petition for appointment of a guardian to safeguard the rights of the ward.

Are there alternatives to guardianship?

The court determines the least restrictive arrangement for the ward. Alternatives to guardianship exist.

N.D. Informed Healthcare Consent Law –

This law deals with persons authorized to provide informed consent for health care if an individual is unable to consent. A hospital or doctor is required to provide treatment in life and death situations even if informed consent cannot be obtained from an individual. North Dakota state law outlines the process for obtaining informed consent for health care for a person who is unable to provide informed consent or if informed consent is unable to be obtained from a person authorized to provide consent for the patient. *NDCC 23-12-13* lists in order of priority who may provide consent in such situations.

Health Care Directives – Every competent adult has the right and responsibility to make decisions relating to his or her own health care, including the decision to have health care provided, withheld, or withdrawn. The individual retains control over his or her own health care during periods of incapacity through the implementation of the health care directives and the designation of an individual (health care agent) to make health care decisions on his or her behalf. It is essential that the individual completely trust the health care agent and communicate his or her wishes clearly to the agent. (Refer to Advance Health Care Planning Resource Guide for North Dakota)

Representative Payee – This is a person or agency that is given the responsibility of managing Supplemental Security Income, Social Security Disability Income, veterans' benefits, or other entitlements for an individual who is not able to adequately handle these funds. The payee takes charge of the funds and is responsible for ensuring they are spent on the care, treatment, and needs of the ward. A payee must keep records of transactions and expenditures and file regular reports. The appointment process involves some specific steps that are outlined by the respective funding source.

Power of Attorney – This gives designated party(ies) the authority to act on behalf of an individual if the need arises. Because this is not a court process, a power of attorney can be established easily and inexpensively. It can be revoked by the individual at any time. The assignment of the power of attorney assumes the person to be competent, but it has few safeguards and lacks accountability. (Concerns: No reporting requirements/no court oversight)

Co-Signers on Bank Accounts – This is an alternative to power of attorney or representative and protective payees. (Concerns: No safeguard or protection for the vulnerable person)

Alternative Resource Plan – This means a plan that provides an alternative to guardianship and uses available support services and arrangements that are acceptable to the alleged incapacitated person. The plan may include the use of service providers such as visiting nurses, homemakers, home health aides, personal care attendants, adult day care and multipurpose senior citizen centers; home and community-based care, county social services, and developmental disability services; powers of attorney, representative and protective payees; and licensed congregate care facilities. (Questions of informed consent and vulnerability must be considered and addressed, which may involve capacity issues.)

ND Department of Human Services
Aging Services Division
 1237 W Divide Avenue, Suite 6
 Bismarck ND 58501
 701-328-4933 / 1-800-451-8693
<http://www.nd.gov/dhs/services/adultsaging/>

Booklet explaining guardianship responsibilities available now

Court-appointed guardians in North Dakota provide a valuable service for vulnerable individuals, often making significant decisions involving financial or health care situations. North Dakota is stepping up efforts to educate guardians about their important role.

A North Dakota Olmstead Commission Work Group, together with the North Dakota Department of Human Services' Aging Services Division, has developed a booklet and fact sheet. They contain information about how court-appointed guardianships are established and the roles and responsibilities of guardians, and are intended to be resources for current and prospective guardians, families considering establishing a guardianship, and others.

The "Guardianship Handbook: Guide for Court Appointed Guardians in North Dakota" and the related one-page fact sheet are available online at <http://www.nd.gov/dhs/info/pubs/aging.html>.

Aging Services Division Director Linda Wright said the need for guardianships may grow because of the state's aging population and returning Iraq and Afghanistan veterans impacted by traumatic brain injuries and other disabilities.

"We have found that when guardianship services are not available, vulnerable individuals are less likely to be able to remain living independently," Wright said. "The possibility of exploitation and financial abuse increases, and vulnerable adults are unable to protect themselves."

The 2007 North Dakota Legislature appropriated \$40,000 for the Department of Human Services to establish guardianships for vulnerable adults. The funds pay for court costs for cases involving impoverished individuals.

Since August 2007, 54 guardianships have been established. Wright said the department screens each request to assure that individual's rights are protected and that less restrictive alternatives have been reviewed. Making a request does not automatically result in the establishment of a guardianship.

Wright said representatives from the Department of Human Services, the Protection and Advocacy Project, the courts, Guardianship and Protective Services, Catholic Charities, and AARP assisted the Olmstead Work Group with the development of the materials.

For information about the North Dakota Olmstead Commission, which focuses on providing services to individuals with disabilities in the least restrictive, appropriate setting, see <http://www.nd.gov/dhs/info/olmstead-commission.html>.

NDCC 23-12-13. Persons authorized to provide informed consent to health care for incapacitated persons - Priority.

1. Informed consent for health care for a minor patient or a patient who is determined by a physician to be an incapacitated person, as defined in subsection 2 of section 30.1-26-01, and unable to consent may be obtained from a person authorized to consent on behalf of the patient. Persons in the following classes and in the following order of priority may provide informed consent to health care on behalf of the patient:

- a. The individual, if any, to whom the patient has given a durable power of attorney that encompasses the authority to make health care decisions, unless a court of competent jurisdiction specifically authorizes a guardian to make medical decisions for the incapacitated person;
- b. The appointed guardian or custodian of the patient, if any;
- c. The patient's spouse who has maintained significant contacts with the incapacitated person;
- d. Children of the patient who are at least eighteen years of age and who have maintained significant contacts with the incapacitated person;
- e. Parents of the patient, including a stepparent who has maintained significant contacts with the incapacitated person;
- f. Adult brothers and sisters of the patient who have maintained significant contacts with the incapacitated person;
- g. Grandparents of the patient who have maintained significant contacts with the incapacitated person;
- h. Grandchildren of the patient who are at least eighteen years of age and who have maintained significant contacts with the incapacitated person; or
- i. A close relative or friend of the patient who is at least eighteen years of age and who has maintained significant contacts with the incapacitated person.

2. A physician seeking informed consent for proposed health care for a minor patient or a patient who is an incapacitated person and is unable to consent must make reasonable efforts to locate and secure authorization for the health care from a competent person in the first or succeeding class identified in subsection 1. If the physician is unable to locate such person, authorization may be given by any person in the next class in the order of descending priority. A person identified in subsection 1 may not provide informed consent to health care if a person of higher priority has refused to give such authorization.

3. Before any person authorized to provide informed consent pursuant to this section exercises that authority, the person must first determine in good faith that the patient, if not incapacitated, would consent to the proposed health care. If such a determination cannot be made, the decision to consent to the proposed health care may be made only after determining that the proposed health care is in the patient's best interests.

4. No person authorized to provide informed consent pursuant to this section may provide consent for sterilization, abortion, or psychosurgery or for admission to a state mental health facility for a period of more than forty-five days without a mental health proceeding or other court order.

5. If a patient who is determined by a physician to be an incapacitated person, or a person interested in the patient's welfare, objects to a determination of incapacity made pursuant to this section, a court hearing pursuant to chapter 30.1-28 must be held to determine the issue of incapacity.

DANGEROUS IF TOO MUCH USED:

Vanilla extract contains ethanol, the same type of alcohol found in beer, wine, and hard liquor. The amount of extract called for in recipes would not be dangerous. But a child who swallowed the contents of a bottle might be at risk of alcohol poisoning. Keep flavoring extracts out of reach, along with other alcohol-containing liquids. The poppy seeds we bake with or eat on bagels could, in fact, cause a positive drug screen for opiates. When people eat poppy seeds, a drug test could be positive for morphine or codeine, which are metabolites (break-down products) of heroin. BUT – this generally happens only if people eat a lot of poppy seeds—more than one poppy seed bagel, for example, a short time before the test. Drinking poppy seed tea has actually caused poisoning and is NOT recommended! Nutmeg tastes great in cookies and eggnog, but too much can cause hallucinations. Keep nutmeg, and its relative, mace, out of the reach of children. Oil of wintergreen is another name for methyl salicylate, a relative of aspirin (acetylsalicylic acid.) Small amounts are safe to use as flavoring agents, but the bottle MUST be locked up, where children can't get to it. Small amounts of oil of wintergreen, like small amounts of aspirin, can poison children. Because oil of wintergreen is rapidly absorbed, children can become dangerously ill very quickly.

Uplift power seat

Rise easily from your favorite armchair or sofa using the Uplift Power Seat or the portable Uplift Seat Assist. In the bathroom, where privacy is important, the Uplift Commode Assist can help. These independent living aids help you keep your freedom at home or wherever you go! For more information contact IPAT at 1-888-540-4728 (Bismarck).

www.ndipat.org

AGING SERVICES NEWSLETTER

Please share this newsletter with a friend, co-worker, at your Senior Center, post on a bulletin board, etc. If you wish not to be on the mailing list for the newsletter, please contact **Karen Quick** at 774-4685. You are welcome to submit any news you may have regarding services and activities that are of interest to seniors in this region. **Northwest Human Service Center** makes available all services and assistance without regard to race, color, national origin, religion, age, sex, or handicap, and is subject to Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1975 as amended. **Northwest Human Service Center** is an equal opportunity employer. kquick@nd.gov

**WINTER Poem**

It's winter in North Dakota
And the gentle breezes blow

Seventy miles an hour
At thirty-five below.

Oh, how I love North Dakota
When the snow's up to your butt
You take a breath of winter
And your nose gets frozen shut.

Yes, the weather here is wonderful
So I guess I'll hang around
I could never leave North Dakota
I'm frozen to the ground!

ND Family Caregiver Support Program

Are you a caregiver of an older adult?

Are you an older adult caring for a child age 18 or younger?

You are not alone. Unpaid caregivers (family members and friends) provide most of the care to older individuals who need assistance with everyday activities like bathing and dressing. Unpaid caregivers are an important part of providing long-term care services to the older adults and people with disabilities.

Grandparents raising grandchildren is also a growing trend. Older people face unique challenges when they accept the responsibility of providing full-time care to a child 18 or younger.

Established under the Older Americans Act, the federally funded Family Caregiver Support Program provides a system of support services to help unpaid caregivers of older adults and grandparent/relative caregivers who are caring for children. Caregivers who do not have access to a support system may experience burnout leading to increased stress and other problems. This program helps address these and other caregiver challenges.

What services are provided?

- Information
- Assistance
- Individual or family counseling, organization of support groups, and individual training
- Respite care
- Supplemental services

Who is eligible for services?

- Informal caregivers caring for an adult 60 years of age or older.
- Grandparents and other relative caregivers who are 55 years of age or older caring for a child age 18 or younger.
- Individuals caring for a person with Alzheimer's or related dementia regardless of their age.

What are the costs?

- All services are federally-funded and are provided at no cost to participants. Clients are provided the opportunity to contribute toward the cost of services. However, under Older Americans Act guidelines, no one is denied services because of inability or unwillingness to contribute.

ND Family Caregiver Support Program



Caregiving and sibling relationships: challenges and opportunities

Your mother has been diagnosed with dementia and it is clear that she can no longer live alone. You feel that an assisted living facility is the best care option, but your brother disagrees. Every conversation you have with him seems to lead to confrontation and hurt feelings....

Providing care for an aging or ill parent can bring out the best and the worst in sibling relationships. Ideally, the experience of caregiving is a time for siblings to come together and provide mutual support to one another. However, as a stressful transition, the pressure can also lead to strained connections and painful conflict.

One major source of sibling friction is the legacy of family dynamics. Invariably, the demands of caregiving bring out old patterns and unresolved tensions. Past wounds are reopened and childhood rivalries reemerge. It is not unusual for adult children to find themselves replaying their historical roles in the family, recreating old dynamics of competition and resentment as they vie for mom's attention and affection.

Another conflict can arise when one sibling is in denial over a parent's condition. Adult children who seem unable to accept the reality of a parent's illness and refuse involvement may be protecting themselves from facing a parent's eventual death and their own loss. More active siblings may react with bitterness and anger.

Most often though, discord surfaces from the unequal division of caregiving duties. Generally, one sibling takes on the primary role of caring for a loved one. This may be because he or she lives closest to a parent, is perceived as having less work or fewer family obligations, or is considered the "favorite" child. Regardless of the reasons, this situation can lead the overburdened caregiver to feel frustrated and resentful and other siblings to feel uninformed and left out.

Resolving these conflicts can be challenging. But ignoring the difficulties in a caregiving situation can create greater challenges. Ultimately, strained family relationships can impede a family's capacity to provide the greatest quality of care to a parent. How can families come together in caregiving? Here are some suggestions:

- Express your feelings honestly and directly. Let your siblings know their help is both wanted and needed.
- Keep family members informed regarding a parent's condition.
- Be realistic in your expectations. Allow siblings to help in ways they are able and divide tasks according to individual abilities, current life pressures and personal freedoms. Assistance with errands, finances, legal work or other indirect care may be the best option for some family members.
- Express appreciation to your family for help they are able to provide.

- Accept siblings for who they are and expect differences of opinion.
- Try to respect other's perceptions and find opportunities to compromise.
- If communication is particularly contentious, arrange a family meeting that includes an outside facilitator, such as your FCA Family Consultant, social worker, counselor, religious leader or friend. A trusted outside party can ensure that everyone's voice is heard.
- If siblings are unable to help with care, seek other assistance to provide respite for yourself.
- Try to forgive family members who continue to refuse to get involved in a loved one's care. The only thing we have control over in a situation is our reaction.

Attempt to work through your negative emotions to take care of yourself and move forward.

© **Family Caregiver Alliance. 180 Montgomery St, Ste 1100, San Francisco, CA 94104** www.caregiver.org

For more information regarding the North Dakota Family Caregiver Support Program call Karen Quick at 774-4685, or toll free 1-800-231-7724. This program can provide for the cost of respite care services, on an intermittent and occasional basis for relief of the primary caregiver. Services are provided in the following counties: Divide, McKenzie and Williams Counties kquick@nd.gov

MEDICARE REPLACEMENT CARD:

Q: Can a Medicare replacement card be requested online?

A: Yes. No special password is needed. Note:

1. this concerns only the basic red, white and blue Medicare card for Hospital, Part A, and Medical. Part B. People should contact their private insurance company concerning any supplemental or Prescription Drug Coverage (Part D) policy proof of enrollment.
2. the replacement Medicare card will arrive in about 30 days and is mailed to the person's address of record on internal SSA records. Do not use this online method if the person has moved and not yet updated their address with Social Security. Instead, they should call the SSA national toll-free number (800-772-1213 or TTY 800-325-0778), provide their new address and request a replacement Medicare card at the same time. This can also be done by contacting the local office.
3. Social Security cannot issue a replacement card if the person has Medicare through the Railroad Retirement Board.

How to replace a Medicare card online:

1. Go to www.socialsecurity.gov. Along the left hand side of the homepage click on either **What You Can Do Online** or **Already Receiving Benefits**. Either way, scroll down to **Get a Replacement Medicare Card** and click on the link.
2. This brings you to a page titled *Information about Replacing a Medicare Card*. Assuming all is well, scroll to the bottom and press "start".
3. Next page is the *Public Agreement* page with privacy information. Press "I agree" and continue. Expect generic information about time limits per page and Internet security.
4. Now you are at the "Please Log In" page. Here the person enters the following personal information:
 - a. *their own social security number*

b. *their name*. There is also space for "other last name", which includes "for example, your name as shown on a recent letter from Social Security."

c. *their date of birth*

d. *then there is the question* "Have you had a recent change of address that has not been reported to Social Security?" If yes is clicked, they will exit the system and see a message to contact SSA. See above.

Press continue.

5. If everything matches the internal SSA record, the next screen asks the "*Reason for Replacement*". Any of the drop down box reasons are acceptable. Press continue and a "*We are processing your request*" message will be seen. However, if the information provided does not match the SSA record, the person will be exited from the online process and shown a message to contact SSA. No internal SSA information is shown.

If the process rejects for any of several reasons, such as failure of the input information to match or the person does not have Medicare, a message to contact Social Security will appear. Again, no internal SSA information is shown.

6. Request is now complete. The last page is a confirmation showing the date of request and deadline date for receipt of the replacement card.

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North Dakota pilot project to help seniors and their families find and access needed services

BISMARCK, N.D. – Gov. John Hoeven and Department of Human Services Executive Director Carol K. Olson announced that the Federal Administration on Aging has awarded the North Dakota Department of Human Services a \$202,771 grant to fund an Aging and Disability Resource Center pilot project in the Bismarck region.

"This is good news for North Dakota, and takes us a step closer to the kind of program we see for the entire state," Hoeven said. "The program will help inform older adults, adults with disabilities, and their families about the range of long-term care services available to them. More importantly, however, it will provide them with personal assistance to connect them with services and resources they need."

According to department officials, the pilot project will strengthen coordination and referrals between existing service providers.

Staff at the department's West Central Human Service Center in Bismarck will guide the project, which will focus first on Burleigh County. The initiative will expand over three years to also include Emmons, Grant, Kidder, McLean, Mercer, Morton, Oliver, Sheridan, and Sioux counties if the state receives additional grant dollars.

In addition to the department's Aging Services Division, Medicaid Division, and the regional human service center, other supportive partners include: AARP, Burleigh County Social Services; Older Americans Act service providers such as the Burleigh County Senior Adults Program, the centers for independent living, the North Dakota Insurance Department's State Health Insurance Counseling Program, and other long-term service providers.

“This pilot project will add that personal customer service that people dealing with a health crisis and unexpected disability need,” Olson said.

The department’s Aging and Disability Resource LINK phone line (1-800-451-8693) and its companion Web site (www.carechoice.nd.gov) are also available to help people locate services.

SHREDDING RECORDS will help protect against identity theft; disposing of too much can leave you unprotected. (It’s a good idea to use a shredder to dispose of documents.) The following information can help guide you in what documents you should keep and how long you should keep them. If you have questions, contact the **Consumer Protection Division** of the ND Attorney General’s Office at (701) 328-3404 or 1-800-472-2600.

Documents	Length of Time
Taxes	7 years
IRA contributions	Permanently
Retirement/Savings plan statements	Quarterly until annual
Bank records – canceled checks	1 year unless high importance
Brokerage statements	Until they are sold
Bills – unless needed to prove value (keep)	1 year in general
Credit card receipts and statements	3 months
Paycheck stubs	1 year
Home or living records and receipts	6 years
Legal records, medical directives, power of attorney	Permanently
Medical history	Permanently
ATM receipts	Until appear on bank statement
Home Insurance	5 years
Life Insurance Policies	Duration of policy plus 3 years
Utility Bills	3 months

North Dakota Bridge to Benefits web site at: <http://nd.bridgetobenefits.org/>.

We all know people who have difficulty making their income stretch to meet basic needs. This online eligibility screening tool is a convenient and efficient way to help individuals and families with limited incomes determine their eligibility for assistance programs such as medicaid, children's health insurance, food assistance, home energy assistance, earned income tax credits and more.

N.D. Drug Repository Program—a link to free local medications

The Drug Repository Program developed a simple way to obtain available prescription medications in North Dakota for those who cannot pay for their medications, regardless of insurance coverage. The program allows prescription drugs, devices and supplies to be collected and distributed by local pharmacies and hospitals.

Medications and supplies available for health conditions include:

- Diabetes medications and supplies•
- Respiratory care and inhalers•
- Antibiotic medications•
- Cardiac and cholesterol health•
- Gastrointestinal issues•
- Eye care•
- And much more•

How to receive your prescription needs:

Visit the North Dakota Board of Pharmacy website at www.nodakpharmacy.com.

Click on Prescription Drug Repository Program. Search for a specific medication or device by clicking on Search for Donated Drug. Scroll or type through the list of options and select your choice, then click Enter (leaving the participant window blank allows a state-wide search). Once the needed item is found, click on the highlighted Participant for contact information on how to receive the medication or supply. This is a great state program and in order to keep it a success, facilities and organizations such as nursing homes, hospitals and local hospices are needed to donate unopened medications, devices or supplies. Please encourage others to give to this program and local pharmacies to take part in helping fellow North Dakotans receive available prescription medications and supplies. All can be referred to the North Dakota Board of Pharmacy website, www.nodakpharmacy.com

UPCOMING EVENTS:

State Plan on Aging Input Hearings – Tuesday May 4th

Williston Sr. Center 9:30-11:30am – meal reservation for 11:30am – 577-6751

Trenton Sr. Center 1-3pm

Wms. Co. Elderly Coalition's Education/Information in mornings:

Tuesday June 8th – Alamo Sr. Center, meal reservation – 528-4881

Tuesday July 13th – Tioga Sr. Center, meal reservation – 664-3425

Friday August 13th – Wildrose Sr. Center, age 60+ meal reservation – 539-2169

Wednesday September 1st – Williston Sr. Center, meal reservation for 11:30am – 577-6751