

AGING HORIZONS



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November/December 2019

AGING PERSPECTIVES:

November is National Family Caregivers Month



Caregiving is a tough job. This November, we remember the heroes who lovingly give baths, clean houses, shop for and provide care and comfort to the millions of elderly and ill people who are family, friends and loved ones. November is National Family Caregivers

Month and this year's theme is "Caregiving Around the Clock." Check out the latest information and community resources because if you don't take care of yourself, you can't take care of anyone else.

5 reasons Caregiving Is So Tough

- **Where's the other half?** *Over half of family caregivers are women*
- **Relationships may suffer.** *One out of every (4) caregivers report diminished family relationships because of caregiving a loved one*
- **No wonder you're tired.** *Most caregivers work outside the home either part or full-time in addition to their caregiving responsibilities*
- **Children do it too.** *Over a million American young people, aged 8 to 18, care for an adult relative on a daily basis*
- **It's hard to do self-care** *Nearly 70% of caregivers report they don't see their doctor regularly because of their responsibilities*

Caregiving is Rewarding but Stressful

Caregiving can have many rewards. For most caregivers, being there when a loved one needs them is a core value and something they wish to provide.

But a shift in roles and emotions is almost certain. It is natural to feel angry, frustrated, exhausted, alone or sad. Caregiver stress — the emotional and physical stress of caregiving — is common.

People who experience caregiver stress can be vulnerable to changes in their own health.

Risk factors for caregiver stress include:

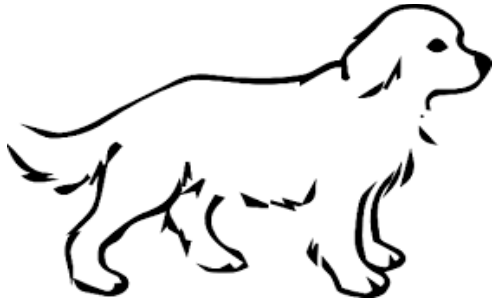
- Being female
- Having fewer years of formal education
- Living with the person you are caring for
- Social isolation
- Having depression
- Financial difficulties
- Higher number of hours spent caregiving
- Lack of coping skills and difficulty solving problems
- Lack of choice in being a caregiver

Signs of Caregiver Stress. As a caregiver, you may be so focused on your loved one that you don't realize that your own health and well-being are suffering. ***Watch for these signs of caregiver stress:***

- Feeling overwhelmed or constantly worried
- Feeling tired often
- Getting too much sleep or not enough sleep
- Gaining or losing weight
- Becoming easily irritated or angry
- Losing interest in activities you used to enjoy
- Feeling sad
- Having frequent headaches, bodily pain or other physical problems
- Abusing alcohol or drugs, including prescription medications

Too much stress, especially over a long time, can harm your health. As a caregiver, you're more likely to experience symptoms of depression or anxiety. In addition, you may not get enough sleep or physical activity, or eat a balanced diet — which increases your risk of medical problems, such as heart disease and diabetes.

<https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/caregiver-stress/art-20044784>



My mom, my doggie & me

I am taking this opportunity to share my story and to vent. Because, I realize now that I am not indestructible. And in my quiet, internal, personal undoing, I see that some of the decisions that I have made, recently, may be driven by NOT venting — or having others with whom to vent who would listen... really, really listen.

This is a story about myself and my mom. That is how I define myself now: mom and me. We are not alone in our walk together because we have a beautiful pure-white Labrador retriever (pure-bred), who, unbeknownst to himself, provides safety and security to us... 24/7. All night long... and all day long, faithfully.

Even now, I must stop and help mom with an essential function... so I will be right back...

I am back. Forgive the pause. I am now here for approximately 6 minutes... that is when mom's evening meal will be ready from the oven. So, I am writing as quickly as I can.

Suffice it to say, I now am a full-time care-giver; whereas, before, I was a hard-driven career professional. I spent 34 years in the trenches, working in leadership roles with my sleeves rolled-up, while striving for higher education along the way.

But now I think I am not smart or strong. You see, no one can understand what it really takes to be a caregiver, until you experience the grit, the pain, the loss, and... the inconceivable joy derived from just being there, in the moment, when a loved one needs you.

Within the past 10 years, I have personally set myself aside, and cared for dad, who was always ill with heart-disease or cancer. In his final 12 years, he fought the good fight against cancer and finally succumbed in April, 2011... right before Easter. That was interesting in that he was a Minister and so loved the church and people. While the dogwoods were blooming, we laid him to rest in a beautiful place befitting such a gentleman.

Now I care for mom, full-time. Granted, before, I was a hard-pressed business woman. But the calling to take care of my parents, my home, my hearth, was too great. They were not something that could be replaced or regained in time.

So here I am. Mom, Me, and our doggie. Yes, I do have other siblings, but we are all in our 60's. And my siblings cannot, or either, do not want to commit at the same level of attention. They too are career professionals with grown career-oriented children.

My experience with mom and dad is not limited to just every day care. It includes sleeping on hospital floors, hospital chairs, and anxiously peeking-into hospital door windows, within restricted care units, while hoping for a glance of either dad or mom when they were infirmed. I followed them into and out of critical care, intermediate care, and finally to general floor release. And these events did not occur in any semblance of order... one minute we had graduated from intermediate care, and then the following day, we were right back into critical care. I felt like a yo-yo. And we were in many differing hospitals, at differing times, throughout these types of events.

Now dad has passed and not a day goes by when we still morn his loss but know that he is in a better place and watching over us. Perhaps putting in a good word for us with the big guy upstairs. Thank you for just listening.

Donna Norman, Georgia

<https://www.caregiver.org/my-mother-myself-and-our-doggie>





Caregiving can have an especially heavy penalty for women and millennials.

My final year at medical school began this fall with an unexpected flight home to Colorado. My mother has multiple sclerosis, and my sister, her caregiver for the past three years while I attended school in New Haven, was moving away to start a new job she'd suddenly gotten. There was no one else but me. I postponed my hospital rotation and canceled my board exam. I notified the school registrar, saying I was uncertain of when I could return and resume my studies.

Many people assume that having a disability guarantees access to a network of resources. Not so. Because my mother has an income of \$36,000 from her divorce settlement, is younger than 65 and lacks a 10-year employment history, she is disqualified from receiving Medicaid (despite its expansion), Medicare and Social Security Disability Insurance. Her private insurance company, like many others, does not cover home care for daily needs. The median cost of this service, for help seven days a week, is more than \$80,000 per year. Like many families, we could not afford full-time coverage. This posed a life-altering dilemma: One of us had to stay home to care for her. With my sister away at college, I went first: At age 16, when our 43-year-old mother lost the ability to walk, my life shifted to sleepless nights and baby monitors. Her disease progressed swiftly; soon she could no longer stand, eat or bathe without assistance. For six years, I provided 10 hours of care every day."

I woke up at 5:30 each morning. After helping my mom with a bed bath, brushing her teeth and lifting her into her wheelchair, I would arrive late to school, breathless and racking my brain for an excuse to tell my English teacher. I accumulated enough pink tardy slips that, despite being a straight-A student, I received a letter threatening my graduation. I dedicated weekends to caring for my mother and missed class to make it to her doctors' appointments. I quit the cross-country team after finally making varsity. I skipped prom. I turned down the

chance to give the graduation speech. I lost my adolescence, and still my mother needed more support than I could give. Even though I told no one about my home life, it permeated every decision I made. When I received my high SAT score in the mail, I cried tears of disbelief: I soon received a flood of invitations to apply to Ivy League schools and full-ride scholarship offers from out-of-state universities I longed to explore. I declined them all, knowing I had to stay nearby for college. To save money on home health-care costs, my sister and I spent weekends with our mother; that way, we wouldn't have to hire extra help for the physical tasks that required two people. Midway through my sophomore year, we both moved off campus and back in with her.

I knew that even if I reached out for assistance, few resources were available: Most nursing facilities serve only seniors. And even if we found a facility for younger adults with disabilities like my mother's, the cost of that care could exceed \$10,000 a month. Home care is only slightly more affordable, at \$6,000 or \$7,000 a month. My mother is on a first-name basis with all the local paramedics — not because of medical crises, but because of the many nights when we needed another set of hands just to help her get out of her wheelchair and go to bed.

These strains can take a toll on caregivers' health. **Sixty percent of people caring for adult relatives or friends also have full or part-time jobs, according to the AARP's Public Policy Institute. More than half of caregivers report a decline in exercise, poor diet and not seeing their doctor as needed. Chronic stress in caregivers has been shown to increase the risk of high blood pressure and heart disease. Compared with their peers, elderly individuals who serve as overburdened caregivers are 1.6 times more likely to die within four years.** Only 13 percent of caregivers are between the ages of 18 and 29, according to Gallup-Healthways, so fewer studies exist on the effects on younger people. From my own experience, I can say that I routinely missed meals and sleep during my adolescence, and that I strove to hide my exhaustion, weight loss and social isolation from the people around me.

In recent years, I've taken out loans to keep up with mortgage payments on our family's home in Colorado, and, for additional income, worked shifts in the radiology department at the university's hospital. Combined with my sister's meager salary, this barely ensures our mother's survival. We are starting to run out of options: We could sell our home to qualify for state assistance; I could leave medical school to become a full-time caregiver for my mother. **But taking these extreme, temporizing measures would only drive us further into a vicious cycle of financial instability.**

Caregiving fuels generational poverty, disproportionately affecting millennials and women who take on that role in their families. People like my sister and me, who begin caregiving as first-time job-seekers or students, may face significant employment challenges: Millennial caregivers are more likely than previous generations to be passed over for

promotions, forced to reduce their job responsibilities or fired, according to the TransAmerica Institute. **Just a few years of caregiving early in life creates cumulative financial setbacks for women, making them less likely to have retirement savings and more likely to require government assistance.** A 50-year-old woman earning \$40,000 a year who leaves the workforce to care for a family member for five years loses 11 percent of her potential lifetime earnings (\$256,753), according to the Center for American Progress. If she does the same at 25, she loses 20 percent of her lifetime earnings (\$679,000). **When women become caregivers, they also become 2.5 times more likely to live in poverty.**

There are resources supporting caregivers, but families like mine fall through the cracks. The Family and Medical Leave Act allows for 12 weeks of leave each year so that people may tend to loved ones, but this time off is unpaid. While many workplaces have paid parental leave, and educational institutions offer stipends for students with children, such policies exclude other kinds of caregivers. Programs such as respite care and adult day care often have limited funds, or come with out-of-pocket costs or age requirements. Last spring, Washington became the first state to pass a publicly funded long-term-care benefit. It provides individuals \$100 a day, with a lifetime cap of \$36,500, to pay for services including caregiving, meal delivery and nursing home fees; lawmakers estimate that the measure will ultimately save the state billions in Medicaid costs. Widely adopting such programs would be expensive, but without help, families like mine will be crushed by needs we cannot meet.

Somehow, after a few weeks, my family pieced together a patchwork of caregivers who could help my mother with bed, baths, meals and overnights. Since we couldn't afford aides from certified agencies, I recruited people through online ads and trained them in her needs and routines. I filled out reams of applications and made a flurry of phone calls to my mother's social worker, the state's health and human services department, and the regional disability resource center, seeking financial support. (So far, none has arrived.) This arrangement has allowed me to return to campus for now. But it's also haphazard and could collapse at any moment. Home health aides have quit unexpectedly, leaving my mother to forgo regular meals and bathing while, thousands of miles away, I scrambled to find replacements, calling the police department to ask them to perform welfare checks. From week to week, I don't know whether my mother will have the care she needs.

Numbers alone cannot capture the costs we've incurred: every sleepless night, every missed opportunity, every surge of shame and guilt. Some nights, when I'm away at medical school, my mother calls me to apologize for being sick: She always dreamed of being able to take care of me and my sister, and instead our youth has been devoted to taking care of her. It took me years to feel worthy of pursuing a separate identity for myself. In the face of insurmountable health-care expenses, my family had become numb to the sting of dreams deferred. Yet with each day more uncertain than the last, I focus on carving out a new future for us amid this fragile present. *By Kristina Brown* Kristina Brown is in her fourth year at the Yale School of Medicine



10 TIPS FOR FAMILY CAREGIVERS



Seek support from other caregivers. You are not alone!



Take care of your own health so that you can be strong enough to take care of your loved one.



Accept offers of help and suggest specific things people can do to help you.



Learn how to communicate effectively with doctors.

1

2

3

4



Be open to new technologies that can help you care for your loved one.



Watch out for signs of depression and don't delay getting professional help when you need it.



Caregiving is hard work so take respite breaks often.

5

6

7



Organize medical information so it's up to date and easy to find.



Make sure legal documents are in order.



Give yourself credit for doing the best you can in one of the toughest jobs there is!

8

9

10



CaregiverAction.org

Highlights from the 51st Annual Governors Conference on Aging

The Governor's Advisory Council on Aging and the Office on Aging/Senior & Long-Term Care Division hosted "Rock Your Age; Still Cruising", the 51st annual Governors Conference on Aging in Billings in September. About 250 attendees enjoyed a variety of excellent keynote speakers and breakout sessions

Featured Keynote speakers included; Don L. Redfoot, PhD. /AARP "The Power of Community", **Jeff Sanders**, PhD, MSUB-Flathead Community College "A Review of Montana Tribal Groups", **Kurt Alme**, US Attorney General "Opioids: A Growing Problem in Montana", **Rebecca Edelmayer**, PhD. Dir of Scientific Engagement, Alzheimer's Association, "The Latest in Alzheimer's Research and a **panel presentation** on Elder Fraud & Exploitation Prevention.

Educational, interesting and fun breakout sessions included: Drumming for your Health, Blackfeet Eagle Shield Center Elder Park & Garden, Normal/NOT Normal Aging, Social Security 101, the Medicare Annual Health Visit, Health Alternatives, Lifespan Respite, Understanding & Responding to Dementia -Related Behaviors, Medicare Changes, Human Trafficking, Lessons Learned in Long Distance Caregiving & many more.

Centenarian Banquet



The centenarian banquet is always a highlight of the Governor's Conference on Aging and this year was no different.

17 Centenarians and their families were able to attend the September 24th celebration. Honored centenarians included. Catherine “Katie” Billau, Bozeman, Doris Ellestadt, Bulah Manning, Helen Reidelbach, Edna Mae Scott and Dorothy Wagnild, all of Laurel, Iva Waldo, Terry, Genevieve Turcotte, Clifford Thomsen, Francies Poulos, Bernard “Barney” Myers, Cecile Farris Magers, Lydia Marie Schmidt Maier, Margaret Look, Lavina “Bonnie” Grossheusch, all of Billings, Nora Connolly Lukin of Browning, Hugh Reynolds of Ennis. The certificates and Keynote address were presented by DPHHS Director Sheila Hogan who stepped in for Governor Steve Bullock. Governor Bullock did provide a brief video presence acknowledging the contributions that our centenarians have made.



The centenarian profiles written by the centenarians and family members were shared at the banquet recounting Many wonderful and some historic memories, secrets to longevity and antidotes to living a long life. Currently Montana has 140 centenarians that we are aware of. We have two supercentenarians; Helen Self of Missoula who is our oldest centenarian and Kathryn Shelley of Livingston, our second oldest. They turned 110 this year. Barney Myers of Billings turned 109 this year.

Closing Ceremonies: The conference ended with a very informative Keynote presentation on Elder Fraud and Exploitation Prevention Measures and Success through Networking. Guest Panelists included Jennell Huff with Mt. Elder Fraud and Exploitation Prevention Network, Michael Hagenlock, Bureau Chief for Adult Protective Services, Brett Olin, Chief Securities Council with the State Attorney General Office, Alex Ward, State President AARP, Wayne Johnston, Bureau Chief with the Mt Division of Banking and Financial Institution, and Marcus Meyers, Office of Consumer Protection. The conference ended with Music and gentle humor presented by the **Plug Nickel’s Band**. They were a wonderful end to a great conference.

Thank you to all the sponsors, presenters and attendees for making this conference yet another success.



Holiday Stress

There is a lot of pressure on people to enjoy themselves during the holidays. The reality, however, is that many people feel increasingly isolated and unhappy during this season of celebration and goodwill, and elders can have an especially hard time.

While aging can bring wisdom and experience, there are inevitable losses that even the healthiest seniors face. Loved ones and friends fall ill and pass away. Energy and mobility levels often decrease, resulting in feelings of lost independence and opportunities. Neighborhoods change over time, leaving even those well enough to remain in their own homes feeling lonely. The focus on family, friends and togetherness during this time of year can actually bring melancholy feelings to the forefront.

If you believe that your parent, spouse, friend or neighbor may be depressed, there are some steps that you can take to help lift their spirits. You are probably busy with your own holiday preparations, but it's important to remember what the holiday season is truly about. Simplifying some of your plans will allow you to focus on what really matters: the important people in your life. Use these ideas to brighten up a loved one's winter season.





Tips to Enhance a Senior's Holiday Experience

- Make a point of actively listening when they want to talk, *even if the discussion is negative*. Honest, empathetic conversation can help them process what is bothering them, whether they are mourning a loss or coming to terms with new challenges in their life. It may also reveal why they are feeling down and help you devise other ways to lift their spirits.
- Remind them how important they are as a part of your life, your family members' lives and these annual holiday celebrations. They may feel useless or burdensome if they cannot contribute to or fully participate in the festivities like they used to. Show them they are loved.
- Over the years, holiday cards often bring bad news & diminish in quantity. I used to sit with my mom when she opened her cards, because so many brought news of illness or death. She was also keenly aware of the people she didn't hear from. Be gentle with your loved ones if these annual greetings are an important tradition of theirs. If possible, ask other family members and friends to contribute a simple card, photograph or drawing to help keep the senior's seasonal mail more upbeat. My mom needed this connection with her life-long friends, so I helped her write her outgoing cards each year as well.
- Help them see that you are trying to simplify your holiday plans to focus on the real meaning of these celebrations. Let them know you are trying to ignore the increasing hype over the food, gifts, decorations and parties in order to focus on the people and values that you cherish. Remind them that they taught you the importance of family & friendship and thank them for that.
- Check with your loved one's religious organization to see if they can offer social and/or spiritual support. For example, the Stephen Ministry is a program offered by many Christian churches that provides one-on-one support to those who are having difficulties in life. Many churches can arrange for a congregant or leader to visit a senior in need at home or in a facility. Just having someone to talk to can go a long way toward relieving depression.

- Help them add decorative touches to their home or room in the long-term care facility. Ensure that they do not present a safety hazard and try to decorate in stages to prolong the fun and give them something to look forward to. Many seniors enjoy reflecting on past holidays as they unpack cherished decorations, so be sure to listen to their stories and ask about special items.
- Cook traditional baked goods or treats with your loved one, if possible. If they reside in an assisted living facility or nursing home, bring treats on your visits for your elder to enjoy and share with their friends.
- Call your elder's friends and see if they would be able to come to a small holiday gathering. One year, I was able to use a small conference room at the nursing home to host a New Year's Eve party for my parents and their friends. They loved it. Keep in mind that it doesn't have to be on a particular holiday or a large or expensive shindig. Realizing that the people they care about came out to spend time with them is priceless for an elder. Just be wary of large or loud groups if your loved one has dementia. Parties can be disorienting and upsetting for them
- Make their dinner table special. Whether your loved ones live at home or in a facility, try to make their dining table festive with some appropriate colors, themes and seasonal flavors. The most important thing you can do with a senior to make them feel loved and included this season is to spend time with them. Look at family photos, watch home videos or holiday movies, listen to seasonal music, or do crafts together. Regardless of what you decide to do together, any time you can spare is a precious gift.
- Do what you can to help your aging loved one feel involved and get into the holiday spirit without stressing yourself beyond your limits. If you put too much on your plate, it is likely that neither you nor your loved ones will enjoy the festivities nearly as much. Your best efforts are good enough.

<https://www.agingcare.com/authors/carol-bradley-bursack>



STRETCH YOUR BUDGET

Want to get the biggest nutritional bang for your buck? The Supplemental Nutrition Assistance Program (SNAP) can help you afford healthy food when you need it. Over 4 million older Americans use SNAP to buy food, and the average senior receives \$113 each month. Visit www.benefitscheckup.org/getsnap/ to see if the program can help you.



Apply for SNAP!

Think \$16 a month isn't worth it?

 1 dozen eggs \$2.00	+	 1 gallon milk \$3.56	+	 2 pounds rice \$1.46
 2 pounds bananas \$1.20	+	 1 pound beans \$1.49	+	 2 pounds chicken legs \$3.16
 1 loaf of bread \$1.39	+	 2 pounds carrots \$1.52	Total for the groceries above? \$15.78	

Even if you only qualify for the minimum, a little assistance goes a long way.

Supplemental Nutrition Assistance Program
SNAP plays an important role in making sure that seniors receive adequate nutrition. SNAP stands for the Supplemental Nutrition Assistance Program and provides seniors with extra money for groceries each month. The average benefit for a senior in Montana is \$137 but even the minimum benefit amount of \$16 adds up.

For more information about SNAP, to see if you qualify, or to apply please contact the Montana Food Bank Network SNAP Outreach Coordinator Elizabeth Weaver at 1-406-239-6475.

<https://www.themediterraneandish.com/mediterranean-diet-breakfast/>

WHEN and WHAT is Open Enrollment?



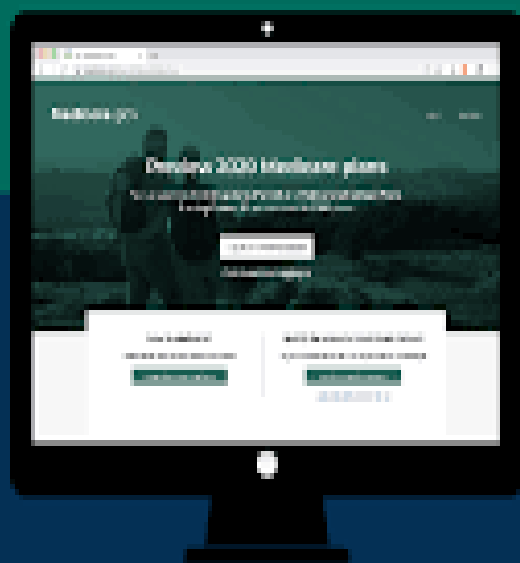
The Medicare Open Enrollment Period is an annual period of time (October 15 through December 7) when current Medicare users can choose to reevaluate part of their Medicare coverage (their Medicare Advantage Plan and/or their Part D plan) and compare it against all the other plans on the market. After re-evaluating, if you find a plan that is a better fit for your needs, you can then *switch to, drop or add a Medicare Advantage or Part D plan*. Medicare Advantage is also known as a “Part C” plan. You cannot use Open Enrollment to enroll in Part A and/or Part B for the first time.

What you **CAN** do during the Open Enrollment Period (OEP):

- Anyone who has (or is signing up for) Medicare Parts A or B can join or drop a Part D prescription drug plan.
- Anyone with Original Medicare (Parts A & B) can switch to a Medicare Advantage plan.
- Anyone with Medicare Advantage can drop it and switch back to just Original Medicare (Parts A & B).
- Anyone with Medicare Advantage can switch to a new Medicare Advantage plan.
- Anyone with a Part D prescription drug plan can switch to a new Part D prescription drug plan.

MEDICARE OPEN ENROLLMENT / Oct 15 - Dec 7

More choices, more benefits, *easier to Shop*



Medicare.gov

Why should I consider re-evaluating my current Medicare coverage during Open Enrollment?

Unfortunately, choosing health insurance is no longer a one-time decision for most Medicare beneficiaries. Each year, insurance companies can make changes to Medicare plans that can impact how much you pay out-of-pocket—like the monthly premiums, deductibles, drug costs, and provider or pharmacy “networks.” A network is a list of doctors, hospitals, or pharmacies that negotiate prices with insurance companies. They can also make changes to your plan’s “formulary” (list of covered drugs). Given these yearly changes, it is a good idea to re-evaluate your current Medicare plan each year to make sure it still meets your needs. Below are some additional benefits of re-evaluating your coverage during Open Enrollment:

You can switch to better prescription drug coverage. Using Open Enrollment to switch your drug coverage—or add drug coverage for the first time—can make crucial medications that you need less expensive. It can also ensure that your drug plan still covers the drugs you need (as your prescriptions may not be included on your plan’s formulary for next year).

You can save money and keep your doctor in-network. Switching your Medicare Advantage or Part D plan can potentially save you hundreds of dollars a year—especially if your current plan’s out-of-pocket costs will increase next year. Research shows that the average consumer can save \$300 or more annually if they review their Part D coverage.

One way to lower your medical costs is to check that your current doctors, hospital, and pharmacy are “in-network” with whatever Medicare Advantage or Part D plan you choose. If your insurance company has changed your plan’s provider or pharmacy network for next year (and your doctor or other resources will no longer be included), you can use Open Enrollment to switch to a plan that will include your current doctors, hospital and/or pharmacy in-network, thereby lowering your medical costs.

You may find a higher quality plan. Finally, check the quality of your plan using the Medicare (5) star ratings system. Plans with a 5-star rating are considered high quality and those with fewer than 3 stars are considered poor quality. If your current plan is ranked as less than a 3, consider using Open Enrollment to switch to a higher rated plan.

<https://www.mymedicarematters.org/enrollment/medicare-open-enrollment/>

2020 Annual Open Enrollment



The annual Medicare Open Enrollment for 2020 began on October 15th and continues until December 7, 2019. During the annual enrollment period (AEP) you can make changes to various aspects of your coverage. Don’t wait until the last minute; call your local SHIP Counselor at 1-800-551-3191 and schedule an appointment soon!





LOCAL HELP FOR PEOPLE WITH MEDICARE

SHIP counselors are available to assist Medicare beneficiaries and their families year round. For free, confidential, objective Medicare assistance, call your local SHIP Counselor at 1-800-551-3191 to schedule an appointment!

1 800-551-3191



It's All About Helping Your Friends and Neighbors



Winter is here and heating bills will pile up fast. Do you know a family member, friend or neighbor who is worried about how they're going to pay those bills, or worried because they're already behind? If so, call one of the numbers below to see what's available for help, either for your friend or for you. In Montana, it's about neighbors helping neighbors. That can be as simple as going with a friend to complete an application.



Call now:

Montana Citizens' Advocate at 1-800-332-2272

Energy Share of Montana at 1-888-779-7589

You can also find information at www.energysharemt.com.



"If you are asking about it, we are talking about it"

Watch us Sundays at 9:00AM on the following stations/channels:

*KWYB/ABC Butte/Bozeman *KFBB/ABC Great Falls

*KHBB/ABC Helena *KTMF/ABC Missoula/Kalispell

*SWX and *NBC in Billings- Saturday at 9:00AM on *SWX
Sunday at 9:30AM on *KULR8/NBC



*It's OK to need it,
it's OK to want it, and it's OK to get it!*

www.respite.mt.gov

RESPITE CARE - GET A BOOST!