

***Michigan Community for a Lifetime***

**Aging Friendly Community Recognition Program**

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# **APPLICATION**

**with**

**Instructions**

**Michigan Office of Services to the Aging**

2013

## COMMUNITY ASSESSMENT AND/OR IMPROVEMENT APPLICATION DESCRIPTION

“Community” is self-defined. It can range from an entire county, to a city, township, neighborhood, village or even a subdivision with a homeowners’ association. Applicants are asked to define their community. The first step is to conduct a community assessment.

**Assessment Recognition:** There are several national models for assessing a community’s assets. Some of the most widely used assessment models are listed in the Community for a Lifetime Toolkit section on OSA’s website at [www.michigan.gov/osa](http://www.michigan.gov/osa). For this application, any recognized aging friendly community assessment may be used including, the Michigan Aging Friendly Community Assessment. To submit an application for Recognition of a community assessment:

1. The assessment must be conducted by a community group (OSA recommends public and private participation and representation by older adults).
2. The application cover sheet, included below, must accompany the assessment results.
3. A summary list of key findings and priorities for future community development must be included.

Using assessment findings, the community group can identify a specific need for improvement(s). In reviewing the various models and successes in other communities around North America, the changes that improve livability are often small in scale, but large in significance. Cities have lengthened the timing at crosswalks in shopping areas, added benches at bus stops or shopping areas, or improved accessibility to goods, services and opportunities. Each year an improvement has been made, the community may apply for recognition.

**Improvement Recognition:** To submit an application for Recognition of Improvement(s):

1. Identify the previous assessment factors that targeted the area for improvement
2. Describe the specific improvement made, how it was accomplished and date it was accomplished
3. Explain how this accomplishment improves your community as a Community for a Lifetime.

Any other supporting documentation (pictures, flyers etc.) is welcomed.

A panel will review applications four times a year and make recommendations for approval to the State Commission on Aging. Due dates for submission of applications are:

**March 1<sup>st</sup> , June 1<sup>st</sup> , September 1<sup>st</sup> , December 1<sup>st</sup>**

To apply for recognition, please complete the Application for Elder Friendly Community Recognition **Cover Sheet** using the application instruction page that follows it as a guide.

**APPLICATION FOR ELDER FRIENDLY COMMUNITY RECOGNITION  
Cover Sheet**

1. Applicant Name:	
2. Community (Please define, e.g., county, city, township, neighborhood, and describe. Attach sheets if necessary.)	
<b>3. Assessments Used (Please check all that apply)</b> <input type="checkbox"/> AdvantAge <input type="checkbox"/> Community for a Lifetime <input type="checkbox"/> Aging in Place <input type="checkbox"/> Livable communities  <input type="checkbox"/> Other (specify)	<b>4. Assessments/Planning/Improvement Partners</b> <input type="checkbox"/> Older adults <input type="checkbox"/> Local government officials/staff <input type="checkbox"/> Non-profit agencies <input type="checkbox"/> For profit businesses  <b>Please list all partners in application.</b>
5. Did the partners reflect the geographic/cultural diversity of community, as defined above? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please explain (attach additional sheets if necessary):	
6. Specify the livability categories addressed by this application. (Check all that apply)	
<input type="checkbox"/> Walkability/bikeability <input type="checkbox"/> Access to health care <input type="checkbox"/> Transportation <input type="checkbox"/> Health promotion/disease prevention	<input type="checkbox"/> Safety and security <input type="checkbox"/> Housing <input type="checkbox"/> Supportive community systems <input type="checkbox"/> Other:
7. This application is for recognition of:	
<input type="checkbox"/> (a) <u>Community Assessment</u>	Date assessment started: Date assessment completed:
<input type="checkbox"/> (b) <u>Community Improvement</u>	Date of previous community assessment:
8. Signature	Date
Telephone number (include area code)	E-mail

**Please submit an original and 3 copies of your completed application to Dan Doezema, Office of Services to the Aging, PO Box 30676, Lansing, MI 48909-8176.**

## APPLICATION INSTRUCTIONS

1. Applicant. The applicant's name is the same as the community group's name, e.g., Battle Creek Aging in Place Coalition.
2. "Community" is self-defined to range from an entire county to a neighborhood block club or an apartment building with an aging population. Towns, townships, subdivisions with homeowners' associations can participate in the Community for a Lifetime Recognition program. Define the "community" on the cover sheet.
3. There are several national models for assessing a community's assets for older residents. Applicants may use sections or all of any of the models, as well as any new assessment questions developed by the applicant's community, but applicant needs to specify the models used.
4. All the models require partners to do the assessment and work on the improvement. The application should include a full list of all partners and participants/public. The face sheet should indicate key partners.
5. Community assessment and improvements should reflect the population mix of the community defined above.
6. The various models have slightly different categories or assets. Applicants must specify which categories were assessed or improved.
7. If this application is for recognition of conducting a community assessment, please indicate the start and end dates of the assessment activities. If this application is for recognition of an improvement, please provide the assessment dates. Applicants may apply for assessment and improvement recognition either together or separately.
8. The person to be contacted about the application should sign, date and provide contact information.

### Please Note:

- The face sheet should be attached as the first page of the application.
- Categories assessed should include some explanations and assets should be noted as well. (Do not list all check marks or all "yes/no" findings).
- Applicants may submit one assessment and annual improvement applications.
- Applications are due to OSA by **March 1, June 1, September 1 or December 1**.
- Applicants who are approved for recognition receive; a letter of recognition, a framed certificate(s) of recognition, listing as a **Community for a Lifetime** on the OSA website and a press release. A public presentation of the award is optional.
- For questions or technical assistance, contact Dan Doezema, OSA Lead Staff for Aging Friendly Communities, 231-929-2531 [Doezemad@michigan.gov](mailto:Doezemad@michigan.gov)