

# portland model cities

CITY DEMONSTRATION AGENCY  
5329 N.E. UNION AVENUE  
PORTLAND, OREGON 97211  
288-6923

## CITIZENS PARTICIPATION WORKSHOP

### Health Working Committee

#### A G E N D A

2:45-3:15 p.m.	Concept of Working Committees	Mrs. Beatrice L. Gilmore Health Planner, Model Cities
3:15-3:45 p.m.	Health Working Committee Projects	Mrs. Jean Lynch, Chairman Health Working Committee
3:45-4:00 p.m.	Discussion of Operating Agencies and Introduction of Operating Agency Personnel	Mrs. B. L. Gilmore
4:00-4:30 p.m.	Small Groups	(Tasks explained by: Mrs. Beatrice L. Gilmore)
4:30-4:45 p.m.	Reports from Groups; Question and Answer Time	

HEALTH  
WORKING COMMITTEE

#### Health Long-Range Objectives:

To improve the general physical, dental and mental health of MN residents and to improve the environmental conditions which contribute to improved health in the MNA.

#### Health Short-Range Objectives:

1. Make all medical, dental, maternal and infant-care services available and more accessible to MN low-income families by an insurance program providing transportation and financial assistance, and by promoting community health projects designed to provide services to low income MN residents.
2. To provide expanded immunization program for MN children.
3. To detect and reduce incidence of disease and illness in the model neighborhood by screening model neighborhood residents and providing services to treat detected cases (drug addiction, TB, venereal diseases, malnutrition, etc.)
4. To secure improved mental health facilities available and accessible to MN residents.
5. To reduce accidents and health hazards in the model neighborhood.

## CURRENT CONDITIONS

### I. Program Category - Health

### II. Objectives:

#### A. Long-range

To improve the general physical, dental and mental health of M.N. residents and to improve the environmental conditions which contribute to improved health in M.N. area.

#### B. Short-range

1. To make all medical, dental, maternal and infant-care services available and more accessible to M.N. low-income families by an insurance program providing transportation and financial assistance, and by promoting community health projects designed to provide services to low income M.N. residents.
2. To provide expanded immunization program for M.N. children.
3. To detect and reduce incidence of disease and illness in the Model Neighborhood by screening Model Neighborhood residents and providing services to treat detected cases (drug addiction, TB, venereal diseases, malnutrition, etc.).
4. To secure improved mental health facilities available and accessible to M.N. residents.
5. To reduce accidents and health hazards in the Model Neighborhood.

### III. Indices and Current Values

#### (a) Model Neighborhood and area-wide infant-mortality rates:

M.N. - 18.3 per thousand with population of 10.3%  
City-wide - 17.5% per thousand with population of 100%  
Source: Oregon Board of Health

#### (b) Incidence of communicable and infectious diseases (MNA and city-wide) including tuberculosis, syphilis, gonorrhea:

Incidence of TB in M.N. - 21.7%  
Incidence of TB in Oregon - 17.2%  
Incidence of gonorrhea (venereal disease) in M.N. - 20.5% of 2,781 reported cases for the month of July 1970. The figure 2,781 may be 25% of all cases if all cases were known to physicians. (See abnormality profile below.)

- (c) Incidence of non-communicable diseases  
Incidence of drug addiction in M. N. - (no figure)  
Incidence of drug addiction in city - 10% of mental cases  
The following is an abnormality profile of 540 cases reported  
by Fred Hampton Clinic for the period January 1, 1970 to  
June 30, 1970:

(Male, 51.5%), (Female, 47.4%), (Age 0-14, 22.8%)  
(Age 15-29, 29.3%), (Age 30-49, 22.2%), (Age 50-69, 13.9%)  
(Age 69+, 6.3%), (Age Unknown, 7.6%), (Dental Cases, 31.5%),  
(Obesity, 18.7%), (Hypertension, 16.9%), (Anemia, 9.6%),  
(Positive Pap Smear, 2%), (Diabetes, 8.1%), (Coronary/  
Vascular, 5.7%), (Gall Stones, 3.7%), (Venereal Disease, 11.1%),  
(Eye, Ear, or Throat, 12.6%), (Pregnancy, 11.3%), (Blood, 16.5%),  
(Heart, 9.6%), (Urinary, 16.3%), (Others, 30%).

- (d) DMF (decayed, missing, and filled) teeth rate

M.N. - 60% of reported cases with population of 10.3%.  
Due to cutback in government funds only emergency cases receive  
treatment.

- (e) Number of families with inadequate health insurance (MNA and city-wide)

Out of a sample of 2500 households in Model Neighborhood,  
16% do not have any health insurance  
21% do not have inadequate health-insurance.  
City-wide figures not available (Source: Special Survey by  
CDA, August 1970)

- (f) Waiting period from the time appointment is made to the time a  
physician can be seen among hospitals serving M.N. residents  
(and among hospitals not serving M.N. residents).

Figures from Multnomah Health Clinic:

In emergency - no waiting  
In regular cases - 1 hour to 7 days  
In Buckman Dental Clinic - only emergencies

Figures from Household Survey (August 1970) of 2500 families:

34% report a waiting of 1 day or less  
42% report a waiting of 7 days or less  
15% report a waiting of 1 month or less  
5% report a waiting of over 1 month

- (g) Percentage occupancy of hospitals serving the Model Neighborhood

50%-75% (Source: Fred Hampton Clinic and Bess Kaiser Hospital)

- (h) Number of adults and youth with treatable but untreated illness  
and disability

(No figures)

- (i) Number of M.N. residents discharged from hospitals serving MNA and filing reasonable complaints about such services, as nursing care, physician's attention, premature discharges

No figures for MNA

Area-wide survey on this has been done by the University of Oregon Medical School on out-patients only.

Of 1100 responses, rating was favorable: Excellent-575, good-315, satisfactory-90, poor-12

- (j) Immunization rate for school children (1967 figures for measles)

M.N. - 59.7% of children population

City-wide - 77.5% of children population

- (k) Admission rate of M.N. residents to mental hospitals, psychiatric services, and schools for mentally retarded:

- roughly 15% or less on the whole  
5% or less for mentally retarded  
2% or less for alcoholism

(Source: Mental Health Clinic, 1970)

- (l) Accessibility of medical facilities to M.N. residents (costs, transportation, distance, readiness of service)

Interviewer's report indicate that accessibility is generally very poor because of poor transportation and long waiting periods. Many cases that do not seem to qualify as emergency can be critical over a 1-7 day waiting period.

- (m) Number of low-cost medical services accessible to M.N. residents (Accessible = in or near MNA)

Fred Hampton's Clinic

Emmanuel Hospital

Holladay Park Hospital

Bess Kaiser Hospital (has 750 MN families to care for in the medicare program)

- (n) Number of M.N. residents utilizing low-cost medical services already available

10 persons a day visit the Fred Hampton People's Clinic over a 3 hour period.

(o) Number of unmarked street intersections in K.R.

(No figures)

(p) Number of commercial substandard dwelling structures

(No figures)

(q) Adequacy of garbage collection and street cleaning in K.R.

Special Survey of KRA shows 5% of households do not receive adequate garbage collection services.

(r) Rate of accidents causing death in KRA

(No figures)

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## EMPLOYMENT WORKING COMMITTEE PROJECTS

### 1. Status of past proposals

The Employment Working Committee had only one project for consideration during the 1st Action Year. That project was Operation Step-Up.

It's status at the present time is thus:

Step-Up has received approval of all necessary bodies through HUD Regional at Seattle. The CDA is shortly awaiting word of approval from HUD, in Washington D.C. for immediate implementation. The local "homework" has been completed; contract is at the City Attorney's office for review and approval to sign. Hopefully the project will be in operation before the 1st of February.

### 2. Current Program Planning

The Second Action Year plans include only a continuation of Step-Up as a Manpower Program for the CDA

The CDA is attempting to coordinate a program, with the Mayor's '71 Summer Committee on Youth Employment. All facets have not been firmed up as yet.

There also are plans under consideration to coordinate a year-round Youth Employment Project with the Senior Citizens Adult Center Project.

**EMPLOYMENT  
WORKING COMMITTEE**

Employment Long-Range Objectives:

To secure for MN residents equal opportunity and access for full employment and income commensurate with their capability, training and desires.

Employment Short-Range Objectives:

1. To encourage agencies that set up employment programs for the MN hard core disadvantaged to further develop and expand their job store.
2. To increase the means and motivation for MN youth employment.
3. To develop an awareness of potential MN black management personnel among private employment agencies, personnel directors, and employers.

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## Social Services Long-Range Objectives:

To facilitate, coordinate, and expand the delivery of existing and new social services to Model Neighborhood residents including a) the improvement of existing coordinated Multi-Service Center, b) provision of Consumer Protection Services, c) provision of Comprehensive Child Care Centers, d) establishment of Foster-Home Services available and accessible to Model Neighborhood residents, e) increased and improved assistance to underprivileged families and dependent residents.

## Social Services Short-Range Objectives:

1. To expand existing educational services to reach all of the Model Neighborhood mentally retarded residents.
2. To expand transportation services to all agencies providing or dispensing social services to Model Neighborhood residents.
3. To provide foster homes and child care centers for needy Model Neighborhood residents.
4. To provide coordinated services for senior citizens of the Model Neighborhood.
5. To enable welfare recipients to enjoy a better quality of life.

Programs and Projects in operation at this time are:

- I. Mental retardation Services which take in both Timmy Educational School and Portland Childrens Center. These programs will join and expand their services and number of Model Neighborhood children in attendance by the addition of Project Star and Pilot Educational Center. The August 1969 contracts were renewed and committed September 1, 1970 through April 1971.
- II. Senior Aging Planning is in its second phase of planning December 1, 1970 to April 30, 1971. Developed Senior Adult Service Center Project for Second Action Year operation - New contract January 1, 1971 through April 30, 1971. Operating agency is the City-County on Aging.
- III. Summary - This project seeks to establish a Consumer League branch office in the Model Neighborhood area, to assist the Model Neighborhood residents in securing more knowledgeable information regarding purchasing of the

**SOCIAL SERVICES  
WORKING COMMITTEE**

### III. Summary - (cont.)

of the basic commodities required for existence.

In implementing a program of this type, the League anticipates bringing a noticeable improvement in the total living environment of all residents of the Model Neighborhood.

Through training programs, lectures and workshops, the project provides ample opportunity to cover most economic phases of particular interest to low-income families in the Model Neighborhood.

The program will afford employment and training in Consumer Education for a total of six (6) Model Neighborhood residents.

The program is projected for one year's operation with consideration for further extension, as a long range plan, expected.

The program was to be financed partially by the Department of Agriculture Funds, but when these matching funds were not available, the Citizens Planning Board on May 3, 1970, voted to support the project 100% from Supplemental Funds. The total project funding will be \$87,621.00

The operating agency will be the Oregon Consumer League.

- IV. The Multi-Service Center project is designed to supplement, and expand the services now offered at the State of Oregon facility, at 4917 N.E. Union. It is a conservative estimate that, of the 4,000 plus persons that are serviced by the present center, ninety (90) per cent of the number (3,600) will avail themselves of the new services to which they otherwise could not, or would not have access.

The establishment of these services at the Multi-Service Center is directed toward developing a coordinative mechanism to facilitate the delivery of several welfare services by assuring the Model Neighborhood citizens the greater accessibility to the agencies.

The direct beneficiaries will be the Model Neighborhood low-income residents by diminishing the number of cross-town referrals that are often required when agency activities are located in separate structures in distant parts of the City.

This project, in addition to the services provided, will provide employment and training for twenty (20) Model Neighborhood residents in addition to summer employment and training in both the public and private sectors for twenty (20) Model Neighborhood youth.

On the succeeding pages follows a sectional breakdown of each of the six phases of the project, cost of the project, and employment resulting from inception of the project.

The primary objective of this \$167,086.00 proposal is to expand and enhance social services available to citizens of the Model Neighborhood area. This is accomplished through more effective coordination and improvement and expansion of governmental and community services, and also making them more readily available to those in need of them.

A variety of approaches will be used in achieving this primary objective. These approaches are:

A. To provide short-hour emergency day care services for up to thirty-six (36) children, from birth to six (6) years.

The Multi-Service Center has determined that in order to be more effective to the clients they serve, from the Model Cities or greater Albina area, that there is a great need for emergency child care while the consumers of the Multi-Service Center are being served.

-Project Cost	\$29,374.00
-Model Neighborhood Area	
Employment	8

B. To expand medical and dental clinic services.

1. By establishing a branch Pediatrics Department of the University of Oregon Medical School, for children of low-income families, and a preventive medical program for residents, particularly children. Additional services in the clinic will include an immunization clinic, family planning service, and a mental health program.
2. By establishing a dental health care facility to develop a total dental care program.

Certain dental services will be provided by instructors and the Director of the clinic to Model Neighborhood clients. Initially, instructors would be on a voluntary assignment. The University of Oregon Dental School will provide dental students, dental instructors, and dental hygienists for the project.

-Project Cost	\$45,509.00
-Model Neighborhood Area	
Employment	3
-Beneficiaries	Adults and children of the Model Neighborhood Area

C. Supplemental Welfare.

The Model Cities, Multnomah County Public Welfare Commission was established as part of a commitment to provide financial assistance and social services to the citizens who live within the boundaries encompassed by the Model Cities program. This pilot project is an approach to give financial assistance to needy recipients and non-recipients of welfare to be aided in time of need when the welfare program falls short, and to conserve and strengthen family life and to help individuals obtain economic and personal independence through:

C. Supplemental Welfare - (cont.)

COST

1. Aid for reuniting families. Parent(s) have arrived in Portland seeking to re-locate and then experience difficulty in accumulating funds with which to send for their children. \$1,668.00
2. Emergency transportation. Individuals have been stranded in Portland without funds to continue to their original destination. Some low-income people and welfare recipients have had urgent business in other communities (in and out of state), but have not possessed the funds necessary to make the trip. \$1,668.00
3. Loan-aid. Temporary financial assistance will be given to those people who are not eligible for welfare aid. Although repayment will not be a condition for receiving aid, it is recognized that some people will want to repay the money given them. This would help the individual retain a feeling of pride and independence, and the money would again be available to others. Otherwise, the aid would be given, according to need, without undue restriction. \$6,332.00
4. Special needs. Expenditures in this area will apply to both welfare recipients and non-recipient low-income applicants; it is likely that welfare recipients will be greater in numbers. Some examples:
  - (a) Temporary aid to the recipient whose welfare check is delayed.
  - (b) A non-recipient who recently began work and needs aid until he receives a full paycheck.
  - (c) A welfare recipient's funds may be exhausted prior to the end of the month.
  - (d) A recipient or a non-recipient may require aid in making a shelter rental or utility deposit.
  - (e) Such people may require replacement or purchase of household goods or appliances. \$6,332.00
5. Miscellaneous medical. Since total medical care for its recipients is a major responsibility of the Welfare Department, it is felt that Model Cities funds should not be utilized to directly assume this responsibility. However, recognizing that Welfare medical funds are sometimes quite limited, it is felt that a substantial amount of Model Cities funds should be available to meet emergency medical needs in areas when public welfare has no medical funds available. 268.00

-Project Cost	\$22,672.00
-Model Neighborhood Area	
Employment	2
-Beneficiaries	Residents of Model Neighborhood

D. The Team Concept.

A service delivery system based upon a team effort and a facility for training sub-professional staff from Model Neighborhood area. This team consists of professional staff from Welfare, Vocational Rehabilitation, Employment Division, and Health.

-Project Cost	\$14,148.00
-Model Neighborhood Area Employment	4

E. Specialized Foster Home Care.

An urgent need exists for foster homes for disadvantaged children in the Model Cities area. The Juvenile Court has only one foster home available for children from minority races. The Juvenile Court has made extensive efforts to recruit homes within the Model Cities area, yet residents from the area have not responded to the need.

One aspect of the present foster home program operated by the Juvenile Court is the board and room payment made for the care of the child to the foster family. This payment is based on the needs of the particular child. The present rate is \$100.00 per month. This rate does not provide the foster parents with a fee for the service which is rendered.

This specialized foster care proposal pays a fee-for-service in addition to the basic foster home board rate as an aid in the recruitment of establishing two foster homes for ten (10) children in the Model Neighborhood.

The community agents will assist the counselor in presenting programs regarding child care to the prospective foster parents and to organize follow-up meetings with the foster parents to assist them in working with the children under their supervision. The community agents will also perform related clerical duties as an aid to the counselor.

-Program Cost	\$12,512.00
-Model Neighborhood Area Employment	2 Community Agents to establish homes for 5 girls to establish homes for 5 boys

F. Youth Employment

Youth employment is being dealt with under two headings. The first is vocational guidance and the second is job opportunities. The major unmet need is for more job opportunities for youth, full-time, part-time and summer.

Job Creation: We propose that a summer employment program be created with particular emphasis on placement of fifteen (15), sixteen (16), and seventeen (17) year-olds. Under the direction of a summer youth employment interviewer and program developer, the Multi-Service Center

F. Youth Employment (cont.)

will sponsor, at one-hundred (100) per cent payroll cost, the employment of eligible youth, to be placed with public agencies and private non-profit organizations.

-Program Cost	\$11,064.00	
-Model Neighborhood Area Employment		15 trainees, 100% of time Public Sector 10 trainees, 50% of time-Private Sector 1 youth program developer

TOTAL PROJECT COST                      \$126,248.00

- V. Day Care Summary - Preview proposal for Comprehensive Child Care.  
On July 9, 1968, the Social Service Working Committee on Day Care was charged with the responsibility to plan a proposal that would provide good physical care and constructive growth experiences, under responsible supervision of children from infancy to 14 years of age who for various reasons are cared for away from their families during any part of the day or night for the residents of the Model Neighborhood Area. They were instructed to contact Mrs. Helen Gordon, a consultant and analyst for these kinds of programs, to help develop the proposal.

Plan for coordinated use of public and private funds in the provision of Day Care

The State Public Welfare Division has the responsibility through its Certification procedures to assure that an adequate quality of care and services are maintained for any child receiving Day Care in homes or centers throughout the state. It is also within the purposes of the Public Welfare Division to promote the development of increasingly better quality of Day Care as it is possible to do so as well as to extend Day Care services for those children who need to use this kind of facility. Since the cost of quality Day Care may be expensive beyond the ability of voluntary agencies or proprietary organizations to provide or children's parents to pay for, it is planned that a means be devised by which Public Welfare Division can provide payment for Day Care services for children in families who are not receiving some form of Public Welfare payments. With these purposes in mind, it is proposed that the Public Welfare Division in cooperation with certain voluntary agencies or organizations within selected local communities work together to provide quality Day Care to children in low-income families not now receiving any public welfare payments through financial help in meeting day care costs. Through coordinated use of private and public funds, it is possible that 75% Federal participation can be obtained that will enable extension of the group of children to be served and partially supported in Day Care.

To carry out the plan with the Public Welfare Division, it is necessary that local cash funds be available to be used as "seed" money to obtain Federal matching. Other factors for consideration are: the existence of 4-Cs within the area, or of a similar coordinating and organizing body; availability of a nucleus of interested proprietary and agency-operated day care programs which can meet Federal Interagency Day Care Requirements; a preponderance of low-income families and working mothers; or other similar factors which determine extensive need for expansion of day care services and/or the ability of the area or community to contribute to the accomplishment of the plan.

#### Method for Local Contribution

A selected contributor such as an organization, agency or council of agencies may make a grant to the Public Welfare Division under terms mutually agreed upon by the contributor and the agencies involved in the local community and the PWD as to usage of monies. The sum given to the Public Welfare Division will generate 75% matching from Federal AFDC funds. These funds must be donated on an unrestricted basis, except that they can be designated for day care and the specific community or area defined. They can be utilized in paying for day care only for those children eligible under the terms of this document.

#### 4-C Organization & Administration Committee

The Committee on Organization and Administration of the Tri-County 4-C's was established as an outgrowth of the 4-C Workshop held at Portland State University on June 27, 1969. A workshop group on administration made the following recommendations:

1. That immediate action be taken to implement a comprehensive and inclusive 4-C Program for metropolitan Portland.
2. That this community ask to be designated as the local 4-C Pilot Program in Region IX, Department of Health, Education, and Welfare.

#### Metropolitan Area Community Coordinated Child Care

A method of coordination, cooperation, and sharing resources within the Tri-County Metropolitan Area enhancing the quality of child care to meet the needs of the community.

In April 1970 the 4-C Council was incorporated as a new profit organization to:

- A. To improve the quality of child care services
- B. To assure continuity of child care services for each family in the community
- C. To reach the maximum number of families
- D. To increase the opportunity for developing staff competence
- E. To develop the most efficient, effective and economical methods for delivering child care services to families which need them

4-C is funded by local, state, federal funds and individual donations. It is located at 1940 S.W. 12th Avenue, Portland, Oregon 97201, Telephone, 227-6435.

In December 1969, the Citizens Planning Board approved the Metropolitan Area Community Coordinated Child Care to be the operating agency for approved child care services in the Model Neighborhood Area.

A master contract will be implemented between the City Demonstration Agency and the Tri-County 4-C Council. Sub-contracts will be negotiated between the 4-C Council and operating agencies for one year's duration.

#### A. Point of Information and Referral Center:

Operated by Metropolitan Area Community Coordinated Child Care

The central thrust of the program is the development of a systematic coordination of day and night care and daytime activities. This will be accomplished by establishing central point of information and referral.

The Center will be manned by a corps consisting of four (4) Neighborhood Social Work Aides providing fourteen (14) hours service for residents in the area concerned. Its function is to provide information and referral of families to and for specific day and night care services and coordinate these services. In addition, the center will assist in securing service with help from Social Work Services (counseling) to actual day and night care programs and families being served. The project will be funded for twelve months.

-Program cost	\$1,445,167.00
-Model Neighborhood Employment	21 persons

#### B. Day and Night Care Service (Family Day Care)

Operated by Metropolitan Area Community Coordinated Child Care Agency

This section of the proposal addresses itself to the problem of family day or night care for children below age three, younger school-age children (ages five to nine) and severely handicapped.

This activity will provide a sound developmental program of care delivered by trained family day and night care givers. Children in need will be placed in carefully inspected and upgraded homes. This will also provide employment within the home for low-income mothers carefully selected and provided with pre and in-service training. This program will be extended to group care for mentally retarded and otherwise severely handicapped children. Homemaker service will be included, also.

-Program Cost	\$65,396.00
-Model Neighborhood Employees (staff 7)	
-Day Care Mothers (109 children x \$11.30 per day x 22 days)	

C. UNIT TWO: CHILD DEVELOPMENT PROGRAMS

1. Jefferson High School, operating agency Portland Public Schools
2. John Adams High School, operating agency Portland Public Schools
  - a. Providing a sound child development program for children age three to five during free low-income activities.
  - b. Providing for the children's health needs: dental, medical and nutritional.
  - c. Providing transportation for children who need it.
  - d. Providing counseling for families.
  - e. Encouraging and involving parents participation in the program activities as:
    1. Advisory board members
    2. As employers in the program
    3. In family life education

Provide an area of actual and rare training for high school students interested in child care and instructional occupations.

Each unit will enroll thirty-six children in its program for overall total of seventy-two.

Each unit will be staffed with a total of six (6) for a combined staff of twelve.

-Program Cost	\$34,782.00
-Model Neighborhood Resident Employment	
-2 Teacher Assistants	
-2 Teacher Aides	
-2 Food Service Attendants	

3. St. Vincent de Paul Society, operating agency Albina Day Care-sub-contracted

This section of the proposal will provide a sound developmental program for sixty children, ages three to six in long hour (day activities).

Kindergarteners will be served for half-days in a group setting while attending public school kindergarten classes for part of the day - (three hours morning or afternoon).

The overall development, of policies, direction and self-evaluation of the Child Development and Care Program will be the responsibility of a Board of Directors of which one-third shall be parents of children being served, in addition to members of the Model Cities Planning Board and other community agencies.

The program will provide for the children's health needs: Dental, medical, and nutritional.

-Program Cost	\$40,914.00
-Model Neighborhood Residents Employed	13
-1 Head Teacher	-4 Teacher Aides
-4 Teachers	-1 Clerk
	-1 Cook

#### 4. Supervisory Center for School Age Children

This program is designed to provide social, recreational, educational and other services to children and youth who are in need of such services. This center will be a multi-level program serving school age, out-of-school and special needs. It will also provide for the children's health needs, dental, medical and nutritional.

This program will be operated by the Portland Public School District #1 Area II. The participating schools will be all elementary. They are Humboldt, Morrison, Selma and Vernor.

-Program Cost	\$201,000.00
-Model Neighborhood	
Residents Employed	24
-4 Program Directors	
-4 Associate Directors	
-8 Program Assistants	
-8 Program Aides	
Custodial Services (to be determined)	
Student Assistants (to be determined) (\$1.60 per hour)	
-4 Food Service Attendants	

#### Current Program Planning

For second action year there will be renewing of 1st year projects or program plus:

- a) Senior Adult Service Center whose primary purpose is to employ on a part-time basis a minimum of forty-four (44) older Model Neighborhood residents to assist and serve other older Model Neighborhood residents. Service offered in the first year of operation will include:
  1. Outreach Services
  2. Telephone Reassurance Services
  3. Handyman Services
  4. Transportation Services
- b) Community (Nutrition) Proposal primary purpose is to develop and implement a program to provide nutritional care to families in the Model Neighborhood and outlying areas. It will combine its activities with educational activities and community involvement activities and thus will involve students, senior citizens and families for educational purposes in all of the activities of the neighborhood.