**Public Hearing Report**

*Completed report, copy of hearing notice, and copy of actual comments taken during the hearing should be placed in the appendices of the aging plan.*

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| **Date of Hearing:** | **County or Tribe:** |
| **Location of Hearing:** | **Accessibility of Hearing:*** Location was convenient, accessible & large enough
* Provisions were made for hearing/visual impairments
* Provisions were made for those who do not speak English
* Hearings were held in several locations (at least one in each county your agency serves)
* Hearing was not held with board/committee meetings
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| **Address of Hearing:** |
| **Number of Attendees:** |
| **Public Notice:** * Official public notification began at least 2 weeks prior? Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Notice must be posted** in a local/online newspaper, nutrition sites and senior centers plus at least one more avenue
	+ **\*Print/online newspaper \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
	+ **\*Nutrition sites**
	+ **\*Senior centers**
	+ Newsletter, radio, TV, social media
	+ Sent to partner agencies/individuals
	+ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Notifications include
	+ Date
	+ Time
	+ Location
	+ Subject of hearing
	+ Location and hours that the plan is available for examination
* Where appropriate, notice was made available in languages other than English
* A copy of the notice is included with this report
 |
| **Summary of Comments:** |
| **Changes made to your plan as a result of the input received:** |