**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 |
| **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:** | |