

TIOGA COUNTY COMMUNITY SERVICES BOARD
MH – ASA – OPWDD Subcommittee Meeting

PENDING APPROVAL

June 3rd, 2025

9:30 a.m.

Via: Hybrid

Member Attendance: Nadia Constant
Kim Bailey-Poreda
Karen Warfle
John Crosby
Sue Medina
Carolyn Galatzan
Katie Wait
Trevor Yaeger
Bob Williams
Kylie Holochak
Gayle Pado
Gabby Ayres
Sarah DiNunzio
Larissa Brower

Guest Attendance: Jennifer Payne
Anne Seepersaud
Christine Shaver

Mental Hygiene Staff Attendance: Lori Morgan, Director of Community Services
Sarah Begeal, Deputy Director of Community Services
Danielle Fabregas, Clinical Program Director
Angelica Deyo-Cruz, Corporate Compliance Officer
Porshea Moore, Peer Advocate
Sue Graves, Secretary to the Director

Meeting called to order at: 9:35am

Topic: Review April & May Minutes – MH & ASA approved as written. OPWDD – April approved with changes – May approved as written

Topic: Director's Report – Lori Morgan

Discussion: Updates:

- Group agreed to no July meeting
 - Next meeting August 5th, 2025, at 9:30am
- County Plan Discussion
 - Priority Guidelines for MH & ASA passed out for review
 - Email Lori with any changes
 - Due to State by 6/30/25
 - Review frequency discussed
 - Workgroup discussed – individuals from each subcommittee
 - Kylie to coordinate
 - Present work being done by each subcommittee quarterly
 - John committed to reviewing goals/objectives to determine what the subcommittee could have an impact on.
- Budget season

- Must come in budget neutral
- Vacancies over 12 months must be explained to the Legislature

Status: Informational – Complete

Topic: Deputy Director Report – Sarah Begeal

Discussion: Updates:

- Staffing
 - Clinical Social Worker in the background check process
 - Owego clinic will be at full staff with this hire
 - Application received for Mobile Crisis

Status: Informational - Complete

Topic: Clinical Program Director Report – Danielle Fabregas

Discussion: Updates:

- Census
 - Mental Health – 642 admitted clients
 - ADS – 99 admitted clients, 25 continued care, 15 peer only

Status: Informational - Complete

Topic: MH Subcommittee – Larissa Brower

Discussion: Presentation by Christine Shaver – Tioga Opportunities

- Housing Services
- Brief overview of services given
- Current waiting list:
 - Long Meadows – 140
 - Nichols – 40
 - Springview – 70
 - County Farm – 40+
- Section 8 housing is currently closed – waiting for the state to reopen
- Working with Care Compass but not to develop new housing
- Presentation, flyers & applications attached

A New Hope Center – Sarah DiNunzio

- Housing is a huge need
- Seeing a trend with adult children committing acts of violence toward their parents and other family members
- Will be participating in the Strawberry Festival Parade

RSS – Larissa Brower

- SOS Team is busy
- Experiencing a hiring struggle
 - Care Manager and Clinician positions open

Public Health – Sue Medina

- Community Health Assessment in process
- My Health Story survey in process
- Public Health Educator started 6/2/25
- Credible Minds promotions
 - 400 people visited the site
 - 100 assessments completed
 - The highest users are 13-17yr olds
 - Second highest is tied at 18-24 yrs old and 24-34yrs old
 - Promoting with postcards, wallet cards, coffee sleeves
 - Doing a gift cart promotion

Suicide Coalition – Katie Wait

- Revamping goals & objectives
- Met in May
- LOST Grant
 - Meet with survivors of suicide
 - Resources & support groups

Hea Hea – Nadia Constant

- Slated to open next month
- Eating Disorders are a silent crisis
 - New York statistics shared
 - 90,000 adolescences consider
 - 60,000-90,000 teens with an eating disorder
 - Fewer than 1% get the care they need
- Outpatient services are the least supported by the system
- Hea Hea's mission is to facilitate care, but challenges prevent that from happening
- Hosting a lunch & learn – holistic approach to mental health
 - Goal for county plan – screen for eating disorders

Status:

Informational - Complete

Topic:

OPWDD Subcommittee – John Crosby, Chair

Discussion:

DDSO/DDRO Report – Renee Nurek – Not Present

Achieve Report – Shannon Westbrook (via email)

- Tioga Day Hab is at capacity
 - 3 referrals on wait list for Site Based Day Hab
- Day Hab With Out Walls (DHWOW) has 7 enrolled
 - 1 starting by the end of the month
 - 2 referrals in process
- Looking at renovating the old workshop
 - Recertify at a higher capacity
- Continuing to build on DHWOW
 - Family site tours have garnered a lot of interest

FSS Report – Gayle Pado

- No Report

Racker – Gayle Pado (via email)

- June activities attached
- Self-Direction accepting referrals
 - No wait list

CCO Reports

- LifePlan – Anne Seepersaud
 - Hosting a provider network event
 - Thursday, 6/5/25 from 10am-1pm at Celebrations in Binghamton
 - Register online (email link attached)
 - Learn about Southern Tier services including Tioga County
- ST Connects – Emily Jackson (via email)
 - Fully staffed for the Tioga Region
 - Continuing to focus on similar priorities as previously reported
- Prime Care – Tricia Tomm – Not Present

Catholic Charities – Gabby Ayres

- Revamping programs
- Opened Day Hab Without Walls for ages 55+ & 18+ with disabilities
 - Accepting referrals
- Numerous activities shared
 - Open Mic Night
 - Fishing
 - Brunch at Kirby Park 6/10/24
 - See Facebook page for all events
- Hiring for the Tioga County for after school hours

Self-Advocacy – Karen Warfle

- Community Assistance Course completed
- Numerous activities attended
 - Baseball games
 - Action Club meeting today
 - Care packages for US troops
 - Callie's Clubhouse
 - Mother's Day Event
- Calling dentists
 - Long wait lists
 - Not taking new patients
 - Seeking dentists who are taking new patients (county plan goal)

Status:

Informational - Complete

Topic: ASA Report – Kylie Holochak, Chair

Discussion: Trinity - Laura Smith (via email)

- Finishing up programming in Waverly and SVE schools
 - Planning the summer programming
- Creating an end of year newsletter reflecting work completed in the 2024-2025 school year
 - Can share with the subcommittee
- New staff member starting outreach in Newark Valley and Tioga School districts to offer programming
 - Hoping to help with summer programming

ASAP Coalition – Kylie Holochak

- Focus groups started
- Compliance Checks starting
- OD Vigil August 28th
- Promoting Safe Celebration month
- Locks Save Lives promotion

Coroner Report - Bob Williams

- One overdose death in March

EMS Report – Bob Williams

- Open House was a success

TAM Program – Bob Williams

- Training completed
- Currently have 2 active cases tied to a school district
- Looking to help with other cases
- More volunteers being trained

Sheriff's Department – Trevor Yaeger

- Overdose report showing low numbers
 - One overdose death in March
- Will be doing Compliance Checks with the ASAP Coalition
 - The purpose is to keep alcohol away from youth
 - Violators will be ticketed

ASAP Coalition – Kylie Holochak

- One Tomkins County death via vape
 - Student overdosed on Fentanyl
- Tioga County schools have Narcan
 - Schools requesting more Narcan
 - Looking to NYS for enforcement guidelines regarding vapes
 - Schools handling internally – not reporting
 - Schools don't know what to do with the collected vapes
 - No guidelines on how to properly dispose of

- Will keep pushing for Narcan in homes for those who vape

Tioga Opportunities – Christine Shaver

- Received harm reduction vending machine and Fentanyl testing strips

Peer Advocate – Porshea Moore

- Massive uptick in needed Narcan
 - Requests resulting from school event
 - People requesting for vacations & festival attendance
- Housing issue
 - People are getting clean but there is no appropriate place to go but back to where they came from
- Mental Hygiene is gearing up for the Strawberry Festival

Status: Informational - Complete

Adjournment: Meeting adjourned at 11:03am. There will not be a meeting in July. The next meeting is scheduled for Tuesday, August 5th, 2025, at 9:30am

DRAFT

Housing Services



Tioga Opportunities, Inc.

Background

Tioga Opportunities, Inc.
is a Community Action
Agency (part of a network
of 47 in NYS and over
1,000 nationwide).

We're celebrating our
60th anniversary this
year!

Services

Office for the Aging for Tioga County

Women, Infants, & Children (WIC)

Family Health Clinic--reproductive & acute care services

Residential housing (126 rental units)

Section 8 Housing Choice Voucher Program

Weatherization (serving Broome & Tioga counties)

Home repair & rehabilitation programs

Housing Services

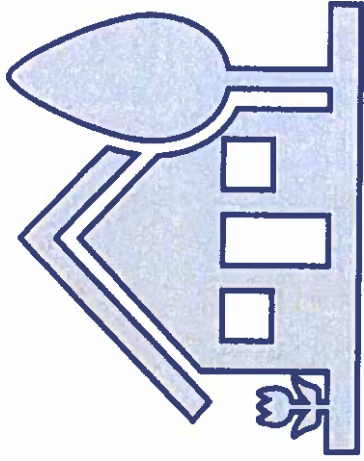
(1023 Rt. 38,
Owego)



Residential rental units



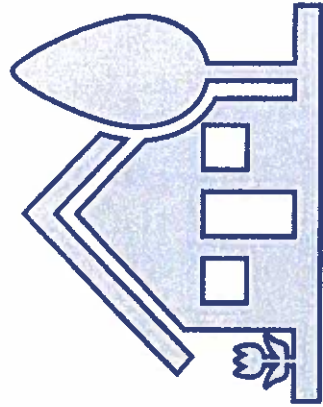
Section 8 Housing Choice Voucher
Program



Residential rental units

- Long Meadow Apartments,
Owego (**64 units**)
- Springview Apartments,
Waverly (**35 units**)
- Nichols Schoolhouse
Apartments, Nichols
(**13 units**)
- Apartments at County Farm,
Owego (**14 units**)

Residential rental units



Eligibility

- Long Meadow, Springview, Nichols Schoolhouse Apartments:
 - Age 62+ **OR** age 18+ with a disability **AND** income eligible
- Apartments at County Farm:
 - Age 18+, families, non-subsidized housing

Section 8 Housing Choice Voucher Program

Rental payments
made to landlords
on behalf of
participating
individual or family

*Waiting list currently closed

Section 8 Housing Choice Voucher

Eligibility

Income limits vary depending on household size

At or below 30-50% of the area median income (AMI)

Housing Rehab & Development



Home Repair & Rehabilitation



Weatherization Assistance
Program

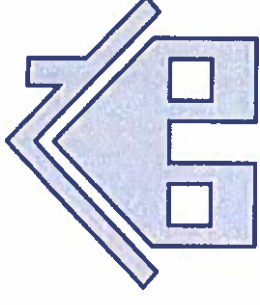
Home Repair & Rehabilitation



AFFORDABLE HOUSING
CORPORATION

ACCESS TO HOME

Home Repair Programs—Eligibility



- Must own the home and land (*Access to Home allows rentals*)
- Must use the property as primary residence
- Tioga County resident (*Access to Home*)
- Tioga & Western Broome County (*AHC only*)
- Income not to exceed 80% AMI.
- *Access to Home*: Must have medical documentation supporting need

Examples of Home Repair projects

Roofs

Septic repairs

Wells

Foundation
repairs

Bathroom
modifications

Wheelchair
ramps

Porch repairs

Insulation

Air sealing

Weather stripping

Bathroom & kitchen vent fans

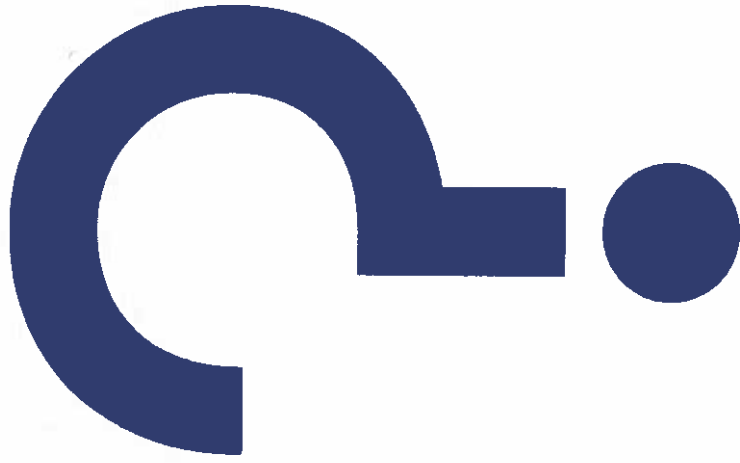
Repair unsafe appliances
(furnaces, hot water heaters, etc.)

Weatherization Assistance Program

Weatherization Assistance Program

Eligibility

- Broome & Tioga Counties
- HEAP income guidelines
- Categorically eligible:
 - Supplemental Security Income (SSI)
 - Public Assistance
 - SNAP



Questions?

Contact information

Christine Shaver, Executive Director

9 Sheldon Guile Blvd, Owego, NY 13827

607-687-4222, ext. 313

cshaver@tiogaopp.org

www.tiogaopp.org



Access to Home Program

The Access to Home Program provides financial assistance to make residential units accessible for low- and moderate-income persons with disabilities. Assistance with the cost of adapting homes will enable individuals to safely and comfortably continue or return to live in their residences instead of residing in an institutional setting.

An eligible participant must meet the following criteria:



Documented substantial limitation caused by a disability.



Household income at or below 80 percent of area median income (120 percent of area median income for veterans who are certified by the U.S Department of Veterans Affairs or the Department of Defense as entitled to receive disability payments for a disability incurred in time of war).



The assisted residential unit must be the primary, permanent residence of the eligible participant. The primary residence may be owner-occupied or a rental unit.



Applicants proposing to assist rental units must ensure that the property owner is not otherwise obligated by federal, State, or local law to provide such improvements.

For more information, or for an application, please call Tioga Opportunities, Inc. at 607-687-0944 or email housingrehab@tiogaopp.org.



Tioga Opportunities, Inc. | 9 Sheldon Guile Blvd., Owego, NY 13827



Call us at
607-687-0944



Visit Our Website
www.tiogaopp.org



Like & Follow Us
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Weatherization Assistance Program

The following information is needed to complete your application and to determine eligibility for the program. Enclosed is an application and below is the documentation necessary to determine eligibility:

- 1. Proof of Ownership:** Deed, a bill of sale, or paid property tax receipt. (If you rent your landlord will need to complete a permission to enter form).
- 2. Proof of income:** Income documentation needs to be provided for everyone in the home 18 and older. (17 & younger receiving SS, SSD or SSI send documentation).

Please provide the documents below that are applicable for proof of income:

HEAP or SNAP: Copy of your **entire** HEAP or SNAP letter front and back for 2024-2025.

SS, SSI, SSD, Pension: Copies of your two most recent bank statements with the amount direct deposited or award letter for 2025.

Wages: Copies of four weeks of your most recent paystubs.

Unemployment: Copy of statement for unemployment.

Self Employed and No Income: please contact our office.

Rental Income: Copies of rental receipts for last two months or current lease.

- 3. Heat bill:** Copy of your heating bill. NYSEG bills must include page 3 with the POD# and Account Number.
- 4. Electric bill:** Copy of your electric bill. NYSEG bills must include page 3 with the POD# and Account Number.

Please be sure to sign and date the application on page 3 and 5.
 Also, please complete the Intake Form for each member of the household.
Applications expire one year from the date signed.
 Your application cannot be processed until all documentation is received.

Gross Income Guidelines for 2024-2025

Household Size	1	2	3	4	5	6
Monthly Gross	3,322	4,345	5,367	6,390	7,412	8,434
Annual	39,864	52,140	64,404	76,680	88,944	101,208

The Weatherization Program operates on a first-come, first-served basis. If you are interested in our services, please submit the requested documents. Once we have received all the necessary information, you will be notified by mail regarding your eligibility.

If you have any questions, or need assistance completing your application, please call us at 607-687-0944 ext. 310 or (877) 786-2419

APPLICATION

Weatherization Assistance Program



The following information will help determine which programs are the most appropriate for you. Please print clearly and provide as much information as possible.

SECTION A: APPLICANT INFORMATION

Name		Social Security Number	
Address		Apt #	
		NY	
City	State	Zip	
County	Primary Phone (include area code)	Secondary Phone (include area code)	
Email			
Mailing Address (if different from above)			
Additional Contact Person	Relationship to Applicant	Phone Number (include area code)	

SECTION B: DWELLING INFORMATION

I own I rent I have lived here _____ years Approximate age of the home _____
 Single-Family Multifamily ___ # of units Manufactured/mobile home Group

If you rent, certain upgrades require owner permission. Please provide owner information below:

Owner's Name: _____
 Address: _____
 Phone (include area code): _____

Who pays for the heat at the dwelling? I pay Owner
 Who pays for the electric at the dwelling? I pay Owner
 Does your roof leak? Yes No If yes, which rooms: _____
 Do you own your refrigerator? Yes If yes, about how old is it? _____ years No
 Do you use a second refrigerator? Yes If yes, about how old is it? _____ years No
 Do you use a separate freezer? Yes If yes, about how old is it? _____ years No

SECTION C: HOUSEHOLD DEMOGRAPHICS

Total number of members in the household: _____
 Please indicate the number of household members who are:
 60 years of age or older _____ Persons with disabilities _____
 Native American _____ Children aged 17 years or younger _____

SECTION C: HOUSEHOLD DEMOGRAPHICS (CONTINUED)

OPTIONAL

Please add any information that we may find helpful in reducing your energy consumption and list occupant health issues or special needs that we need to be aware of:

SECTION D: ENERGY INFORMATION

Property Address: _____

My primary heating fuel is:

- Electric Oil Kerosene Natural Gas Propane Wood
 Pellets I don't know Other: _____

My secondary heating fuel is:

- Electric Oil Kerosene Propane Wood Pellets Coal
 I do not have secondary fuel Other: _____

Secondary Supplier Name: _____ Account Number: _____

My water heater runs on:

- Electric Oil Natural Gas Propane I don't know

ELECTRIC UTILITY: If you are responsible for the electric bill, provide the following:

Utility Name: _____ Name on Account: _____

Account Number: _____ If NYSEG or RG&E – POD # _____

GAS UTILITY: If you are a natural gas utility customer and responsible for the bill, provide the following:

Utility Name: _____ Name on Account: _____

Account Number: _____ If NYSEG or RG&E – POD # _____

PRIMARY FUEL SUPPLIER: if you heat by a fuel other than natural gas or electricity, provide the following:

Company Name: _____ Account Number: _____

Do you have a maintenance agreement for your heating system? Yes No

If yes, list the name of the maintenance provider: _____

CUSTOMER AUTHORIZATION for Release of Fuel/Energy Bills (for previous two years and future three years)

My signature certifies that I am financially responsible for the account(s) listed on this application. I hereby consent and authorize the electricity and fuel suppliers named in this application to release any and all energy usage information, including account number(s), related to the above property address, to representatives of the New York State Energy Research and Development Authority (NYSERDA), and the Weatherization Assistance Program (WAP), and/or its designated representatives for the period beginning two years prior to the application date and ending three years after program participation. I understand that this information will be kept confidential, to the extent permitted by law, and used only for the purpose of determining program eligibility, estimating energy savings, program implementation, and evaluation, including the evaluation of achieved energy savings.

Customer Signature: _____

Date: _____

SECTION E: INCOME INFORMATION

Include the following information for each household member.

Name	Age	Student (Yes or No)	Source(s) of income	Weekly	Monthly	Yearly
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
Total income for the Household				\$	\$	\$

Check here if you have received HEAP within the past 12 months.

SECTION F: INCOME DOCUMENTATION

- A. Provide a copy of ONE of the following:
 Copy of entire award letter for HEAP, SNAP (Food Stamps), TANF (Temporary Assistance for Needy Families) or Supplemental Security Income dated within the past 12 months
- B. Only if you cannot provide one of the documents listed under A, provide income documentation as follows:
- All household gross income for the last month: Pay stubs. To obtain monthly income total, if income is:
 - Weekly - multiply weekly income representing 4 most recent weeks by 4.3
 - Bi-weekly: multiply 2 most recent consecutive weeks by 2.15
 - Twice a month: multiply by 2
 - Social Security and Social Security Disability: copy of award letter
 - Documentation of all forms of income including disability, worker's compensation, unemployment, pension, maintenance, annuities, Veteran's benefits and all other income.
 - Self-Employment: IRS Report of Quarterly earnings for the last three months

SECTION G: APPLICANT AFFIRMATION

I authorize release of my contact information, dwelling information, and income documentation to representatives of NYSERDA, to the Weatherization Assistance Program (WAP) and/or its designated representatives, to any community-based organizations identified on this application, and to my utilities. I understand that the information provided by me will be used only for the purposes of determining eligibility for NYSERDA's residential programs and financial incentives, eligibility for the WAP, and for estimating and evaluating energy savings. I understand that all information will be kept confidential, to the extent permitted by law. I understand that if energy efficiency services are provided to me through NYSERDA's EmPower New York program or WAP, there will be no cost to me and that participation in these programs will not affect my social security, public assistance, or any other income.

I understand that this application does not guarantee that assistance will be granted to me. Whether or not services are provided will depend on the number of applications received and the availability of funds and priorities established by the programs. I also understand that I will not be eligible to receive financial incentives or rebates from an electric or natural gas utility for measures provided at no cost through NYSERDA programs or the WAP.

I agree to provide NYSERDA representatives, the WAP representatives, and independent participating contractors access to my dwelling, at times that are mutually acceptable, to perform program activities including energy inspections, installation of measures, and Quality Assurance activities. I understand that participating contractors are independent contractors and provide a one-year warranty on labor for work completed. I further understand that participating contractors and vendors will provide appropriate warranties on any equipment provided and that no additional warranties are provided by NYSERDA or the WAP.

I subscribe and affirm, under the penalties of law, that the statements made on all parts of this application, including statements made on any accompanying documents, have been examined by me and are to the best of my knowledge true and complete. I understand that my signature on this form gives permission for NYSERDA, representatives of the WAP, and their designees, to assure my eligibility for NYSERDA's programs and the WAP. I consent to any inquiry to verify or confirm the information that I have given. I understand that if I give false information or withhold information in order to receive benefits that I am not entitled to, I can be prosecuted to the fullest extent of the law. I also state that no person named in this application is subject to disqualification for weatherization services under the Immigration Reform and Control Act of 1986 (Public Law 99-063). I have read and understand the provisions of the Personal Privacy Protections Law in Attachment #1.

X
Applicant Signature _____ Date _____

X
Applicant Representative Signature _____ Date _____

Your contact information may be shared with other residential programs within NYSERDA. To opt out of this, please initial here. _____

AGENCY USE ONLY

Reviewed By: HEAP OFA Utility Weatherization Subgrantee EmPower Other: _____

Check all benefits that the household receives: SSI HEAP SNAP TANF

On the basis of the information provided by the applicant, the household is determined to be:

- Eligible for Weatherization NOT Eligible for Weatherization
- Eligible for EmPower NOT Eligible for EmPower EmPower eligible, but wait-listed for Weatherization

Check here if: Household was previously served by Weatherization
 Household ineligible for further services through EmPower

Additional Comments:

Agency Representative Signature: _____ Date: _____

Title: _____

Agency: _____



Intake Form

Head of Household

Name:

Date of Birth:

Phone Number:

Address:

City:

State: NY

Zip:

Family Type: Single Parent/Female

Single Parent/Male

Two Parent

Single Person

2 Adults/No Child

Grandparent

Gender (M/F):

Marital Status:

Single

Married

Divorced

Separated

Widowed

How many years in the home?

Any Structure Issues? Yes or No

Roof Leaks? Yes or No

Housing Situation:

Own or Rent

Mobile Home/Double Wide

Single Family

Multi Family Home:

Pregnant: Yes or No

Disabled: Yes or No

Reliable transportation: Yes or No

Race:

Ethnicity: Hispanic or Non-Hispanic

Education (highest level): 0-8 grade

9-12 non-Grad

GED

HS Graduate

College 2 or 4 yr

Employment:

FT

PT

Unemployed

Retired

If 14-24 years old:

In School/Not Working

Working/Not in School

Not Working/Not in School

Health Ins.:

None

Medicare

Medicaid/Fidelis/Child Health Plus/Total Care

VA

Private

Military Status:

Active

Veteran

None

Non-cash Benefits:

SNAP

HEAP

Childcare

Housing

Other: _____

None

Family Income

Total Household Income: _____

Weekly Biweekly Monthly Annually

Source of Income: Child Support _____

Employment _____

Pension _____

SSI/SSD _____

Unemployment _____

Workers Compensation _____

TANF _____

Certification

I certify that the information I have provided to determine my eligibility for federal benefits is complete and accurate to the best of my knowledge. I understand that agency officials may verify this information.

Signature

Date

Consent to Release

I hereby give my permission to share the information on this application with other TOI programs for eligibility purposes. Any information regarding gender, ethnicity, race, disability, income, education, etc. is for funding and community planning purposes only.

Signature

Date

Additional Member		
Name:	Gender (M/F):	Date of Birth:
Relationship to Head of Household:		
Pregnant: Yes or No	Disabled: Yes or No	
Race:	Ethnicity: Hispanic or Non-Hispanic	
Education (highest level): 0-8 grade 9-12 non-Grad GED HS Graduate College 2 or 4 yr		
Employment: FT PT Unemployed Retired		
If 14-24 years old: In School/Not Working Working/Not in School Not Working/Not in School		
Health Ins.: None Medicare Medicaid/Fidelis/Child Health Plus/Total Care VA Private		
Military Status: Active Veteran None		
Non-cash Benefits: SNAP HEAP Childcare Housing Other: _____ None		
Additional Member		
Name:	Gender (M/F):	Date of Birth:
Relationship to Head of Household:		
Pregnant: Yes or No	Disabled: Yes or No	
Race:	Ethnicity: Hispanic or Non-Hispanic	
Education (highest level): 0-8 grade 9-12 non-Grad GED HS Graduate College 2 or 4 yr		
Employment: FT PT Unemployed Retired		
If 14-24 years old: In School/Not Working Working/Not in School Not Working/Not in School		
Health Ins.: None Medicare Medicaid/Fidelis/Child Health Plus/Total Care VA Private		
Military Status: Active Veteran None		
Non-cash Benefits: SNAP HEAP Childcare Housing Other: _____ None		
Additional Member		
Name:	Gender (M/F):	Date of Birth:
Relationship to Head of Household:		
Pregnant: Yes or No	Disabled: Yes or No	
Race:	Ethnicity: Hispanic or Non-Hispanic	
Education (highest level): 0-8 grade 9-12 non-Grad GED HS Graduate College 2 or 4 yr		
Employment: FT PT Unemployed Retired		
If 14-24 years old: In School/Not Working Working/Not in School Not Working/Not in School		
Health Ins.: None Medicare Medicaid/Fidelis/Child Health Plus/Total Care VA Private		
Military Status: Active Veteran None		
Non-cash Benefits: SNAP HEAP Childcare Housing Other: _____ None		



ATTACHMENT 1 - Keep for Your Records

Frequently Asked Questions

EmPower New York and Weatherization Assistance Program

Are services really free?

Yes – State residents meeting the Weatherization or EmPower New York eligibility requirements can receive home energy services through the programs at no cost.

Do Weatherization and EmPower New York provide services to renters as well as owners?

Yes – both programs provide energy services to anyone who owns or rents a home and meets all of the eligibility requirements. Owners of rental properties that receive Weatherization funds are generally required to contribute a portion of the cost of the work.

What are some of the no-cost energy services that Weatherization or EmPower New York may provide?

- Replacement of old-style light bulbs with high-efficiency lighting.
- Replacement of inefficient refrigerators and freezers with new ENERGY STAR® certified models.
- Added insulation to keep your home more comfortable.
- Strategic air sealing to reduce drafts.
- Heating system upgrades and repairs.
- Everyday strategies and tips to help you manage your energy costs.
- Minor repairs to ensure that the installed energy efficiency materials will perform correctly.
- Health and safety measures to help ensure indoor air quality.
- Identification of any hazardous conditions discovered during the energy audit.

If I accept work from Weatherization and/or EmPower New York, is a lien going to be on my home?

Am I required to pay the program back if I move or my income changes?

There is no cost or future obligation for eligible residents that participate in the Weatherization Program or EmPower New York.

Do the contractors perform code inspections?

No – Weatherization and EmPower New York contractors are not Code Enforcement Officials.

Can I hire my own contractor?

No – all work will be completed by a contractor accredited by the Building Performance Institute (BPI), a national organization that sets the technical standards for contractors in energy efficient building performance, so you know they're applying the latest knowledge and technology to the energy efficiency of your home.

Can I get paid back for work I have already performed?

No – Weatherization and EmPower New York cannot reimburse you for work that has already been completed.

Privacy Protection Information

Weatherization Assistance Program



The New York State Personal Privacy Protection Law (Public Officers Law, Article 6-A) requires in §94(1)(d) that each subgrantee of the Weatherization Assistance Program that maintains a system of records provide each subject from whom it requests information with certain notifications as provided below.

Name of agency requesting and responsible for information:

New York State Homes and Community Renewal
www.nyshcr.org

Authority for collection and principal purpose for which the information is collected:

The Energy Conservation and Production Act (P.L. 94-385) §416 and §417 and the Low-Income Home Energy Assistance Act of 1981 (P.L. 97-35, as amended) require the State to keep records for the purposes of monitoring and evaluation and for the preparation of reports, and that eligibility for the program be established, which requires the collection of personal information, including the Social Security number of the applicant.

Effects of not providing the requested information:

If information requested on the Weatherization Application is not provided, the applicant's application may be delayed.

Routine uses for the collected information:

This information is used by New York State Homes and Community Renewal and its subgrantees for administration of the Weatherization Assistance Program. Some of the information collected is aggregated and reported to the New York State Office of Temporary and Disability Assistance and to the United States Department of Energy. This information may also be used to perform data matches with other state and federal agencies, to verify your eligibility for assistance, and for improving delivery of services and program evaluation. No personally-identifiable information is used for this purpose.

Subgrantee Information:



Tioga County Home Improvement Program- Affordable Housing Corporation (AHC)

The AHC Tioga County Home Improvement Program offers eligible Tioga County and Western Broome County residents assistance with home improvements aimed at addressing health and safety concerns. Eligible projects may include foundation and structural repairs, roof replacements, electrical system upgrades, and well or septic system replacements.

An eligible participant must meet the following criteria:



**Be a resident
of Tioga
County or
Western
Broome
County**



**Meet income
eligibility
guidelines**

**May not have
more than
\$15,000 in assets**



**Own the home
and land.**

**Use the property
as their primary
place of
residence.**



**Disclose
previous NYS
grant funded
home repairs.**

**For more information, or for an application, please call
Tioga Opportunities, Inc. at 607-687-0944 or email
housingrehab@tiogaopp.org.**



Tioga Opportunities, Inc. | 9 Sheldon Guile Blvd., Owego, NY 13827



Call us at
607-687-0944



Visit Our Website
www.tiogaopp.org



Like & Follow Us
[@tiogaopportunitiesinc](https://www.instagram.com/tiogaopportunitiesinc)



9 Sheldon Guile Blvd. • Owego, NY 13827 • Tiogaopp.org



Tel: 607-687-4120 • Toll Free: 866-352-3680 • Fax: 607-687-4147 • TDD: 607-687-5905

Dear Applicant(s):

Please return the following documentation, as applicable, with your completed application to be considered for Tioga Opportunities, Inc. Home Improvement Programs:

- 1) **Copy of Valid Photo ID(s)**-for applicant and, if applicable, co-applicant.
- 2) **Proof of Ownership** –copy of your recorded deed/indenture (not abstract), including Schedule A, with the county record number on it.
- 3) **Tax Returns** – Copies for two (2) years of your most recent IRS 1040 forms & the relevant W-2 forms.
- 4) **I do not file yearly income tax returns:** _____ (must be Initialed).
- 5) **Wages** – Copies of your two (2) most recent pay stubs.
- 6) **Self-Employment Income**- Copy of Schedule C from most recent tax return.
- 7) **Social Security/SSI/Disability Benefits** – Copy of your benefit letter.
- 8) **Unemployment** – Copy of your benefit letter.
- 9) **Pension/Retirement** – Copy of your current pension letter or letter from your previous employer.
- 10) **Alimony/Child Support** – Copies of court papers and/or support collection printouts.
- 11) **Public Assistance** – Copy of current Public Assistance Budget.
- 12) **Property Taxes** – Copies of your current PAID tax receipts for School, County, Village/Town.
- 13) **Bank Statements** – Copies of your two (2) most recent bank statements (Checking & Savings accounts).
- 14) **Proof of Insurance** – Copy of your homeowner's insurance declaration page. If you live in a floodplain, you must also provide a copy of your flood insurance.
- 15) **Proof of Current Paid Mortgage** (if applicable)
- 16) **Proof of Qualifying Disability or Need for Modification (ACCESS Only)** – Documentation from a professional evaluation, (ex. Letter from your physician).
- 17) **Assets** – Copies of verification for all assets including but not limited to Bank Accounts, Stocks, Mutual Funds, IRA, Keogh, Certificates of Deposit, Time Certificates, Treasury Bills, Money Market Accounts, Savings Bonds, 401K, etc.
- 18) **Any other monies regularly received by household members.**

Please be advised, additional documentation may be required depending on the program for which the applicant is determined eligible.

Do you have more than \$15,000 in assets (see number 17 above) Yes _____ No _____

Applicant's Signature Date

Co-Applicant's Signature Date

**NYS Relay Telephone Number for TYY/VCO users:
711 or 800-662-1220**

New York State Homes and Community Renewal has made funding available for countywide home improvement grant programs. The following chart determines your eligibility based on gross annual income and household size; income guidelines may differ depending on funding source.

Income Guidelines*

Household Size	Gross Annual Income
1 Person	\$49,700
2 Person	\$56,800
3 Person	\$63,900
4 Person	\$71,000
5 Person	\$76,600
6 Person	\$82,300
7 Person	\$88,000
8+ Person	\$93,700


*Based on HUD income guidelines 80% AMI; subject to change based on HUD calculations; exceptions may be made up to 112% AMI with approval for AHC applicants ONLY.

Please fill out the enclosed application and return the application, the **TOI Conflict of Interest Disclosure Form**, and the required documentation to our office so that we may move forward with determining your eligibility for home improvement.

Please mail application and documents to:

**Tioga Opportunities, Inc.
9 Sheldon Guile Blvd.
Owego, NY 13827
Attn: Tara Patton**

If you have any questions about the application, please feel free to contact our office at 607-687-0944, ext. 310.

PROHIBITED INTERESTS	
No person who is a member of the HCR or the governing board of TOI, or employee or immediate family member of such person OR, no individual who is an elected official, a Leader or Chairman of a political party at any jurisdictional level, or an immediate family member of any such person will be eligible to participate or benefit financially and shall not have any interest, direct or indirect, in any contract of subcontract or the proceeds thereof, for the work to be performed in connection with the TOI HOME IMPROVEMENT Program, during his tenure or for ONE YEAR thereafter.	
If you believe you have been discriminated against, you may call the FAIR HOUSING AND EQUAL OPPORTUNITY NATIONAL TOLL-FREE HOT LINE AT: 1-800-496-4294	

TIOGA OPPORTUNITIES, INC. - CONFLICT OF INTEREST DISCLOSURE FORM

Are you a relative of, in business with, or have financial ties to any of the following people (please check the appropriate column):

Yes	No	Tioga Opportunities, Inc. Board of Directors
___	___	Karen Johnson – President
___	___	Randall Kerr – Vice President
___	___	Emma Jobinpicard - Secretary
___	___	Richard Saxton - Treasurer
___	___	Susan Medina
___	___	Galen Morehead
___	___	Martie Ritz
___	___	Cindy Schulte
___	___	Edgar Vanscoy
___	___	Brielle Woods
___	___	Michael Wu
Yes	No	Tioga Opportunities, Inc.
___	___	Christine Shaver, Executive Director
___	___	Chet Babcock, Director of Energy Services
___	___	Sheila Neville, Independent Consultant
___	___	Tara Patton, Housing Rehab & Development Project Manager

I/we, the undersigned, certify that I/we (do / do not) have family ties, business ties, or financial ties to the people listed above.

Signature Date

Signature Date

If "YES" is checked next to anyone's name, please attach an explanation of the connection.

APPLICATION FOR HOME IMPROVEMENT Home Improvement Grants

Date		Head of Household Name			Email Address		
Home Phone		Work Phone		Cell Phone		Other Phone	
Address				Apt. #	City	State	ZIP Code
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is your mailing address the same as listed above?					
If No:	Mailing Address			Apt. #	City	State	ZIP Code

HOUSEHOLD: List all people who will live in the home.

Enter information about all family members who will live in the home, including any unborn children.

Relation: head of household, spouse, domestic partner, co-head, son, daughter, foster child/adult, live-in aide, other adult

Race: Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, White

1. Head of Household								
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
								HEAD
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #	
2. Household Member								
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #	
3. Household Member								
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #	
4. Household Member								
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #	
5. Household Member								
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #	

If a family member is disabled, please specify the impairments: Visual _____ Physical _____ Hearing _____ Other _____

Please provide any additional household member information on a separate sheet of paper

I. PROPERTY INFORMATION

Year house built	How long at residence?	Do you own the land?	Is this a one-family home?	Do you own a second home?
Do you live in a floodplain?		If so, do you carry flood insurance?		
Is there an existing Mortgage or Lien against this property? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, Lienholder Name and Address:			Amount of lien still owed:	
What repairs are needed? Explain:				
Are the repairs being requested, an emergency? Explain:				

II. FAMILY'S ANNUAL INCOME

Complete all income sources for the family including, but not limited to: wages, Welfare/TANF, outside contributions, self-employment income, child support, unemployment, Social Security, and SSI.

Household Member Name	Type of Income (wage, SS, SSI, TANF, contribution, child support, etc.)	Amount of income per year
		\$
		\$
		\$
		\$
		\$
		\$
Total Family Income		\$

Please provide any additional income information on a separate sheet of paper.

Do you anticipate any changes in this income in the next 12 months? Yes _____ No _____

If Yes, explain:

III. FAMILY'S ASSETS

Complete the following for all assets owned by a household member including, but not limited to: checking accounts, savings accounts, property held as an investment, bonds, IRA, life insurance policy, money market account, 401K, and trust funds.

Household Member Name	Type of Asset (Checking, Savings, Stocks, Bonds)	Current Cash Value	Income from Asset

IV. DECLARATIONS

PLEASE READ THIS SECTION CAREFULLY:

<p>If you answer yes to the questions below, attach continuation sheet for explanation.</p> <p>Are you presently delinquent or in default on any Federal debt or any other loan/mortgage, financial obligation, bond, or load guarantee? If "yes," please provide details (date, name, address of lender, case number, and reasons for the action.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you own property in addition to that listed as your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--

V. CERTIFICATION STATEMENTS

I/We certify that I/we own and occupy the dwelling for which I/we are applying for improvements.
I/We also certify that if this application is approved, and I/we move or dispose of said dwelling within the time period specified in the Note and Mortgage Agreement, 100% of the funds received under this program will be reimbursed to the New York State.
I/We agree to cooperate with Tioga Opportunities, Inc. and Town, City, or County Officials with all required procedures.
I/We hereby give permission to Tioga Opportunities, Inc. to use any photograph and/or material relating to the repairs made to my home.
I/We understand that if I/we received a previous grant through Tioga Opportunities, Inc. I/we may not be eligible for other grant programs (depending on the grant) at this time.
I/We further certify that the information given to Tioga Opportunities, Inc. on household composition, gross family income and assets, etc., is true and correct to the best of my knowledge
I/We also understand that false statements or information are GROUNDS FOR TERMINATION OF ASSISTANCE and COLLECTION OF ALL HOME IMPROVEMENT MONIES previously spent on the house and property.

VI. AGREEMENTS (Lien and Lead)

I/We hereby agree, as a condition of receiving Home Improvement Grant(s), TO EXECUTE A NOTE and MORTGAGE agreement, I/We understand that I/we will be required to sign documents other than this application and that a lien(s) will be placed on my home and property, which will be on file with NYS and SHALL REMAIN IN EFFECT FOR THE PERIOD OF TIME LISTED IN THE RIDER of the NOTE and MORTGAGE.
I/We understand that by signing the application, this is a legal and binding instrument for information and term requirements as per the grants received. AHC Grants: up to Twenty (20) years. Access to Home and RESTORE: Three (3) years. MMHR Program: Ten (10) years. THIP: Up to Ten (10) years.
I/We understand that if the property is sold, title transferred, or I/we no longer reside in the home prior to the lien(s) expiration dates, this GRANT will become payable in full.
All Grants are under the supervision of Tioga Opportunities, Inc.

I have received the EPA booklet (EPA-747-K-12-001) entitled, "Protect Your Family from Lead in Your Home".

The children under 7 years of age in my home HAVE HAVE NOT been tested for lead.

Check here if no children under 7 present in home.

If your child(ren) has/have been tested, submit a copy of the test results with this application.

Signature of Head of Household

Date

Signature of Spouse or Co-Head

Date

Witness

Date

ADDITIONAL QUESTIONS FOR PRELIMINARY APPLICATION

FOR STATISTICAL PURPOSES ONLY

The purpose of this data is for Tioga Opportunities, Inc. to better serve you. Please provide us with the following data to better assess the needs of the community and potential opportunities for other program referrals. Providing us with this information will not influence your eligibility.

Type of Dwelling: Own- Mobile Own-Single Family Own- Multi-Family Rent Homeless

Please answer the questions below for each member of the household. Please circle the response that best fits that household member's situation.

HOUSEHOLD INFORMATION

Household Member Name:					
Pregnant?	Yes No	Yes No	Yes No	Yes No	Yes No
Reliable Transportation?	Yes No Bike Public Transit Friends/Family	Yes No Bike Public Transit Friends/Family	Yes No Bike Public Transit Friends/Family	Yes No Bike Public Transit Friends/Family	Yes No Bike Public Transit Friends/Family
Marital Status?	Single Married Divorced Separated Widowed	Single Married Divorced Separated Widowed	Single Married Divorced Separated Widowed	Single Married Divorced Separated Widowed	Single Married Divorced Separated Widowed
Health Insurance?	Medicaid Medicare Children's Health Ins. Military Direct Purchase Employer Based State Health for Adults Private Unknown	Medicaid Medicare Children's Health Ins. Military Direct Purchase Employer Based State Health for Adults Private Unknown	Medicaid Medicare Children's Health Ins. Military Direct Purchase Employer Based State Health for Adults Private Unknown	Medicaid Medicare Children's Health Ins. Military Direct Purchase Employer Based State Health for Adults Private Unknown	Medicaid Medicare Children's Health Ins. Military Direct Purchase Employer Based State Health for Adults Private Unknown
Military Status?	Active Veteran None Unknown	Active Veteran None Unknown	Active Veteran None Unknown	Active Veteran None Unknown	Active Veteran None Unknown
Highest Level of Education?	Grade GED HS Graduate 2-year Degree 4-year Degree Graduate Postgraduate Vocational	Grade GED HS Graduate 2-year Degree 4-year Degree Graduate Postgraduate Vocational	Grade GED HS Graduate 2-year Degree 4-year Degree Graduate Postgraduate Vocational	Grade GED HS Graduate 2-year Degree 4-year Degree Graduate Postgraduate Vocational	Grade GED HS Graduate 2-year Degree 4-year Degree Graduate Postgraduate Vocational
Non-Cash Benefits?	SNAP WIC HEAP Other: _____ None	SNAP WIC HEAP Other: _____ None	SNAP WIC HEAP Other: _____ None	SNAP WIC HEAP Other: _____ None	SNAP WIC HEAP Other: _____ None

FOR OFFICE USE ONLY

Owner Eligibility (circle one): 1) Low Income 2) Moderate Income 3) Non-Low/Mod 4) N/A

Eligible for Weatherization Referral? Yes _____ No _____

Eligible For:

ACCESS to Home _____ AHC Home Repair _____ MMHR _____ RESTORE _____

JUNE

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2 Book Club  Canequin Group	3  Virtual Story Time STOP SPEAKER: ATTORNEY LISA KRIZMAN	4  BINGO	5  FIDGET LAB  CITY MARKET	6	7
8	9 Book Club 	10  Virtual Story Time	11  Board Game Night	12  FIDGET LAB  CITY MARKET	13	14
15 8:30-10AM  MUSEUM OF THE EARTH WEIGHTED DINO RAFFLE!	16 Book Club 	17  Virtual Story Time	18  BINGO	19  CLOSED FOR HOLIDAY	20	21
22 Cortland Ice Cream Social 1-4PM 	23 Book Club 	24  Virtual Story Time	25  Board Game Night	26  FIDGET LAB  CITY MARKET	27	28
29	30 Book Club 					

More information about events can be found below:

Racker 
Supporting People with Disabilities

Tuesday
June 3rd

6pm-7:30pm

Speaking Out Against Bullying



with Attorney Lisa Krizman

Join us for an insightful presentation from Attorney Lisa Krizman on addressing bullying in schools & its impact on students with disabilities. Don't miss this empowering event to foster advocacy & inclusivity!

Registration Required

forms.office.com/r/9NEmrig4F6

For questions or help registering, please contact: LendingLibrary@racker.org or Chris at (607)529-0142



ZOOM
Virtual Meeting

Events & Trainings are made possible by Family Support Services grant funding from the Office for People with Developmental Disabilities

To register for Lisa Krizman please click here: <https://forms.office.com/r/9NEmrig4F6>

Sensory Friendly Hour @ Ithaca's Museum of the Earth



In partnership with Racker's
Autism & Sensory
Lending Library

VIP's will build & take home their
own free dinosaur fidget & will be
entered to win a
Dinosaur weighted plush!



1259 Trumansburg Rd, Ithaca NY
Sunday March 16th
8:30-10 AM

Free Admission!

Ice Cream Social!

Racker's Lending Library families are invited to join us for a **FREE Ice Cream social**, where they can tour our library, play on our playground, & meet the Family Support Team!

Sunday June 22nd 2025

1:00-4:00 PM

882 NY-13

Cortland NY 13045

Must be enrolled in Racker's Lending Library. **Registration required:**
Contact LendingLibrary@racker.org to secure a spot

While enjoying your frozen treat, stop by Marlene's table in the pavilion to learn more about how Family Funds can help you access up to \$3,000 a year for sensory items, services, & respite!

Dairy free
options
available

Made possible through Family Support Services grants through the Office for People with Developmental Disabilities

This event is for those who are signed up for Racker's Lending Library (Any county), library families can register here: <https://forms.office.com/r/kRpuU1PEKh>

Not enrolled? Contact LendingLibrary@racker.org to sign up in time!



Family Board Game Night

An adaptive board game night where we will learn about adapting rules to address feelings of anxiety or struggles with engagement to encourage family unity and situational flexibility all while practicing fine motor skills. Light refreshments will be served



Bi-Weekly Wednesdays

5pm - 7pm

3226 Wilkins Road Ithaca, NY 14850



- *OPWDD Diagnosis
- *FSS Eligible
- *Enrolled in the Lending Library

Scan to Register:



This program is made possible through Family Support Services grant from the Office for People with Developmental Disabilities

Click here to sign up for Game Night: <https://forms.office.com/r/6TMC6e2Qzk>



ADAPTIVE BINGO GAME NIGHT

Join us from

5-7pm

for bingo in person or virtual every wednesday!

June 4th @ 3226 Wilkins Rd Ithaca NY 14850

June 11th @ 882 NY-13 Cortland NY 13045

June 18th @ 3226 Wilkins Rd Ithaca NY 14850

June 25th @ 882 NY-13 Cortland NY 13045

Enjoy a game designed with accessibility in mind, featuring large fonts, a relaxed calling pace, & a welcoming atmosphere.
Families and CSP's welcome.

For Questions or Registration issues, contact:
LendingLibrary@racker.org

Scan to Register:



This program is made possible through Family Support Services grant from the Office for People with Developmental Disabilities



To sign up for bingo click here: <https://forms.office.com/r/ZvpDE9F0Ra>



A Weekly "Build Your Own" Fidget Workshop



FIDGET LAB

Every Thursday
4pm - 5:30pm



All supplies will be provided,
The whole family is welcome,
No registration needed!

Questions? Contact: LendingLibrary@racker.org (607) 529-0142



3226 Wilkins Rd.
Ithaca, NY 14850



This program is made possible through Family Support Services
grant from the Office for People with Developmental Disabilities



Autism & Sensory
Lending Library

PARENT NETWORK

CAREGIVER GROUP

CAREGIVERS OF THOSE WITH DEVELOPEMENTAL
DISABILITIES (OF ALL AGES) ARE INVITED TO JOIN
THIS MONTHLY PEER-DRIVEN GROUP,
WHERE YOU CAN MEET OTHER CAREGIVERS, SHARE
RESOURCES, OFFER ADVICE, & FIND KINDNESS.

COME ONCE, COME OFTEN,
STAY FOR A MINUTE OR STAY FOR MANY.

1ST MONDAY OF EACH MONTH

5:00-6:30PM VIA ZOOM

TO SIGN UP: CONTACT (607) 529-0224 OR
LYNDSEYP@RACKER.ORG



EVENTS & TRAININGS ARE MADE POSSIBLE BY FAMILY SUPPORT SERVICES GRANT
FUNDING FROM THE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES.

Click here to sign up for Caregiver Group: <https://forms.office.com/r/nxpACG3bD7>



Adaptive **BOOK** **CLUB**



Mondays 6:30-7:30pm
882 NY-13, Cortland, NY 13045 & Zoom

LendingLibrary@racker.org

Join us as we explore the world of books
& how they can be adapted for all to enjoy.
Book club is an excellent way to experience new topics
together and make friends.

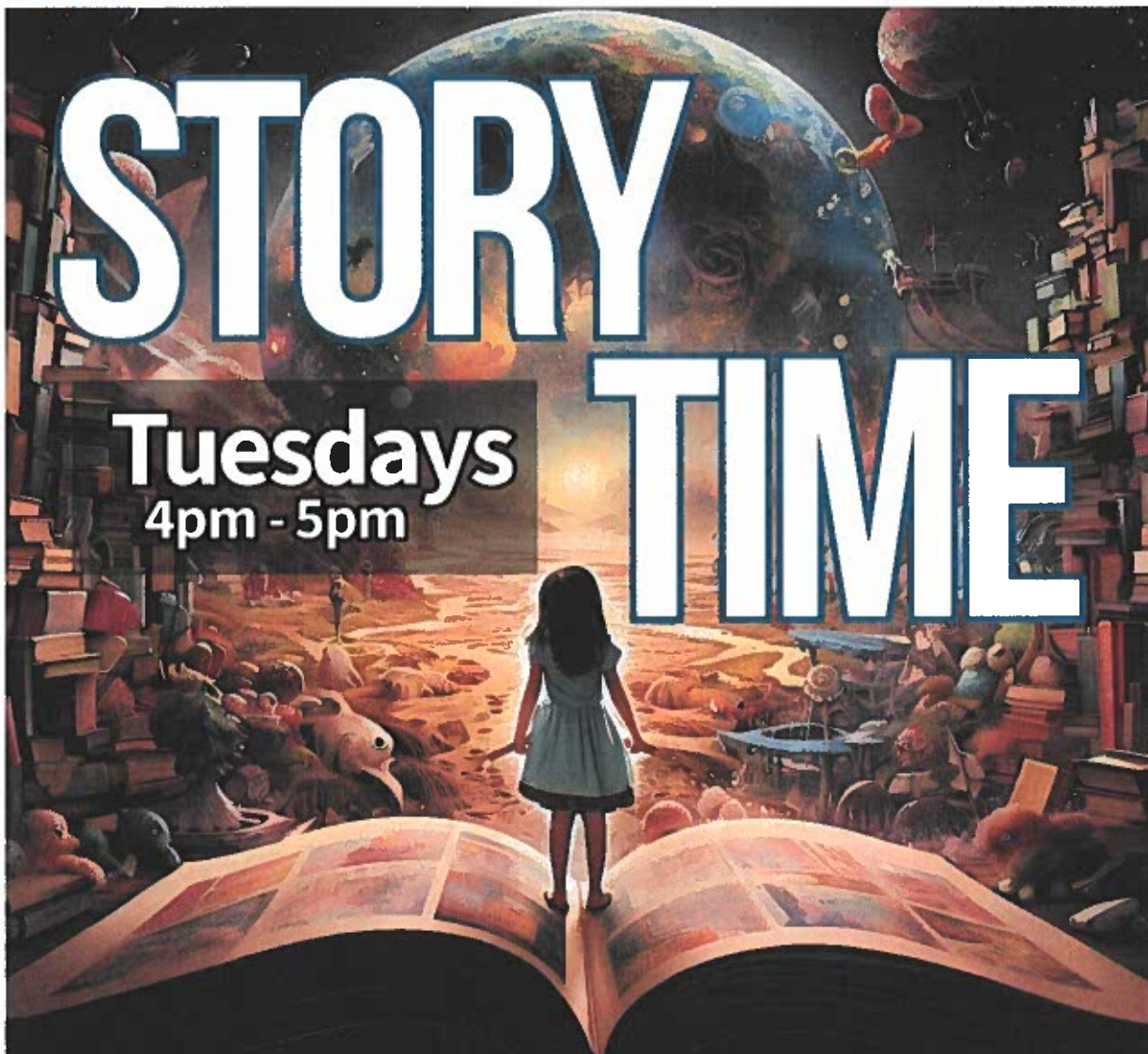


- *OPWDD Diagnosis
- *FSS Eligible
- *Enrolled in the Lending Library



Scan to Register:

This program is made possible through Family Support Services grant from the Office for People with Developmental Disabilities



STORY TIME

Tuesdays
4pm - 5pm

Join us for our weekly virtual story hour, thoughtfully crafted for individuals with developmental disabilities and their families.

Each session will feature new stories for the young and the young at heart, exploring a wide range of topics such as life events, inclusion, advocacy, empowerment, and entertainment.

Lending Library events are made possible by the Family Support Services grant from the Office for People with Developmental Disabilities

Microsoft Teams:
tinyurl.com/3yd85xx2



No registration needed, use the above QR code to join or contact LendingLibrary@racker.org for calendar invite

OTHER
VOICES
607



Other Voices in the 607 is welcoming new members!

If you are an neurodivergent adult with a passion for advocating for those with disabilities, you're invited to join OVIT607's weekly meeting via TEAMS

6-7pm

Every
Thursday

SCAN
ME



To learn more, scan the QR code,
or contact LendingLibrary@racker.org



PROVIDER NETWORKING EVENT 2025

CCO members and families are invited to attend this event to meet with IDD Providers and learn about IDD programs and services in your region. We hope you can join us. **Please scan the QR code to register.**
Light refreshments will be served.

Southern Tier
Thursday, June 5, 2025 | 10 a.m. - 1 p.m.
Celebrations on Park
136 Park Ave., Binghamton, NY 13903



REGISTRATION