

**Central Illinois Agency on Aging**

***DBA: Age Central***

**700 Hamilton Boulevard**

**Peoria, IL 61603**

**Public Information Document  
FY 2027 Amendment to the  
FY 2025, FY 2026, FY 2027  
Area Plan on Aging**

Published March 12, 2026



This Public Information Document (PID) provides an overview of Age Central’s proposed Fiscal Year 2027 (FY 2027) Area Plan on Aging Amendment. The Area Plan on Aging is the official planning document required by the Illinois Department on Aging (IDoA) under the Older Americans Act. The plan outlines how Age Central will assess needs, prioritize services, and coordinate programs that support older adults, caregivers, and persons with disabilities within the region.

The Area Plan is developed on a three-year cycle and may be amended annually to reflect changes in program priorities, service delivery, funding levels, and community needs. Annual amendments are published through this Public Information Document as part of the public comment and review process.

The Area Plan on Aging pertains to Age Central’s Planning and Service Area (PSA 04), which includes the counties of Fulton, Peoria, Marshall, Stark, Tazewell, and Woodford.

Age Central will compile and review all comments received during the public comment period and present a summary of those comments to the Board of Directors’ Executive Committee in May 2026. A copy of the comments received and Age Central’s official responses will be available upon request.

Interested parties may submit comments regarding the proposed Area Plan on Aging until **Wednesday, April 30, 2026**. Comments may be submitted in writing or by email to:

**Attention: Tessa Mahoney, Executive Director**

Age Central  
700 Hamilton Boulevard  
Peoria, IL 61603  
Phone: (309) 674-2071  
Fax: (309) 674-3639  
Email: [info@agecentral.org](mailto:info@agecentral.org)

The Public Information Document will be presented at two public hearings as listed below

**Tuesday, March 07, 2026, at 11:45 am**

*(In-Person Only)*  
Toulon Methodist Church  
229 W. Main St.  
Toulon, IL 61483

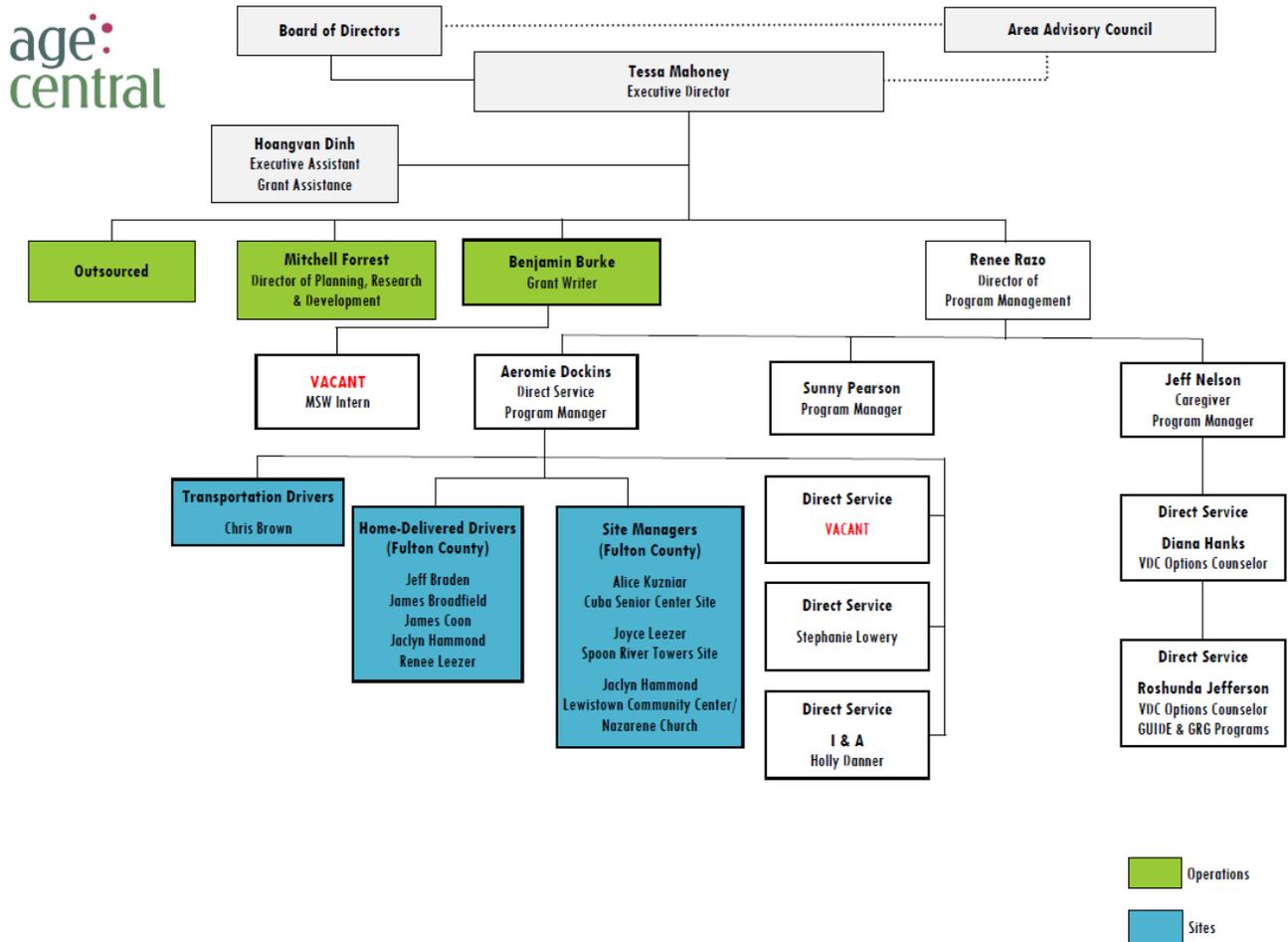
**Wednesday, March 08, 2026, at 10:30 am**

*(Hybrid, In-Person and Virtual)*  
Age Central  
700 Hamilton Blvd. - Conference Room  
Peoria, IL 61603  
Click [here](#) to Join Virtually

**Meeting ID: 226 285 201 548 70; Passcode: WP29pu3j**

**Review of AAA Programs in FY26:**

Age Central is the Area Agency on Aging for Planning and Service Area 04, serving Fulton, Marshall, Peoria, Stark, Tazewell, and Woodford counties. In that role, the agency administers, plans, and coordinates Older Americans Act and related aging services intended to help older adults, caregivers, and persons with disabilities remain safe, independent, and connected to community supports. A copy of our organizational chart showing staff roles and responsibilities is displayed below.



**AGE CENTRAL ORGANIZATION CHART**

Age Central’s FY 2027 Area Plan Amendment is informed by a structured needs assessment process that integrates (1) county-level demographic and socioeconomic indicators, (2) service system performance and access barriers observed through AAA operations and provider monitoring, and (3) direct community input gathered through facilitated conversations across

the six-county PSA. This approach is designed to ensure that service priorities reflect the needs of older adults, caregivers, and persons with disabilities—especially those experiencing the greatest economic and social need—while also guiding targeted improvements to service access, system coordination, and sustainability.

Across PSA 04, demographic trends show sustained growth in older adults, meaningful levels of disability, and persistent rural access barriers. These conditions intersect with practical challenges raised by residents—transportation barriers, limited access to food and nutrition supports, technology barriers, social isolation, and caregiver strain—creating preventable risks that affect health, independence, and quality of life. The FY 2027 Amendment, therefore emphasizes both service delivery capacity and system-level improvements that strengthen access pathways, reduce delays, and improve continuity of support for high-need individuals and communities.

Based on census review, provider monitoring, and seven community conversations held across PSA 04, the principal issues identified for FY 2027 are transportation barriers and excessive wait times; limited access to food and nutrition supports, including fresh food; technology barriers; social isolation and limited opportunities for social engagement; growing caregiver strain, especially for caregivers of persons living with dementia; and the need for more accessible information about chore, home repair, and related in-home support options. The service priorities that follow are intended to respond directly to these issues through expanded outreach, caregiver support, stronger nutrition and transportation access, technology education partnerships, and improved coordination of community-based services. Service delivery changes in FY26 that support these priorities include implementation of Veterans Directed Care, participation in GUIDE, expansion of frozen meal options, strengthened provider reporting and quality oversight, and continued diversification of non-OAA funding and partnership opportunities.

### **Census data and Research Findings:**

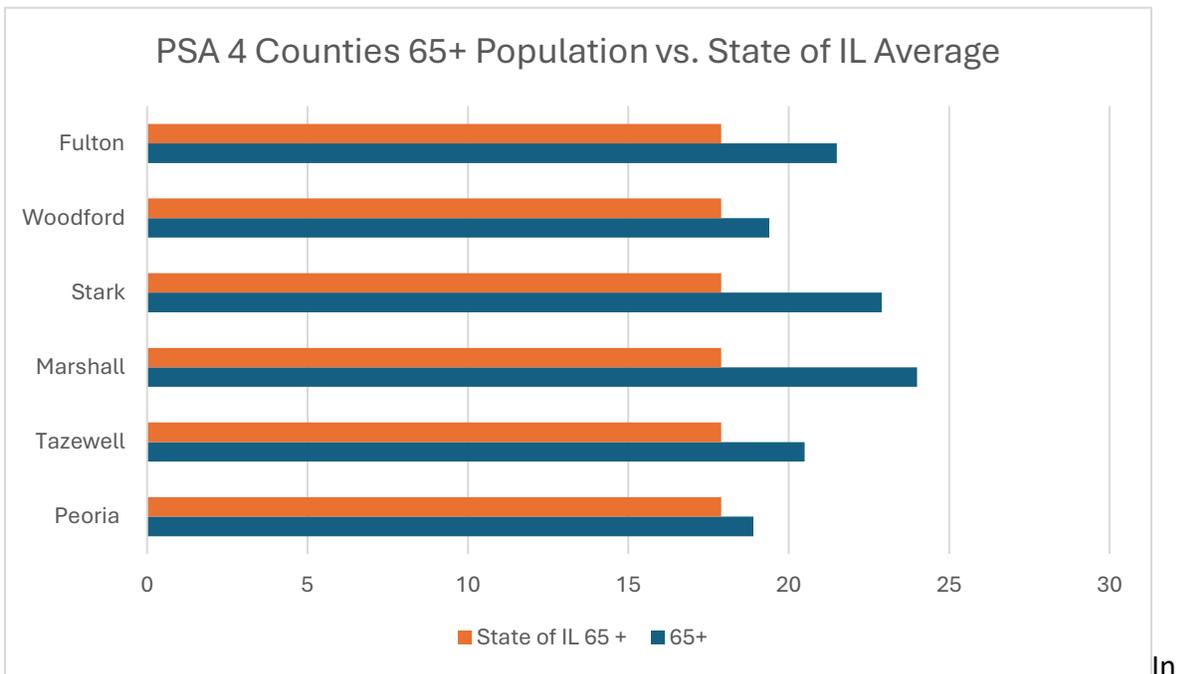
One important trend in our planning and service area 4 (PSA) is steady growth in adults 65 and older. Central Illinois Agency on Aging, doing business as Age Central's planning and service area (PSA) includes the following counties: Peoria, Tazewell, Woodford, Marshall, Stark, and Fulton Counties. The following demographics from the 2023 American Community Survey represent key characteristics from our six counties, which the Area Agency on Aging (AAA) considered as far as targeting services for those of greatest socio-economic need.

**60+population      60+poverty      60+Minority      75+population      60+living alone**

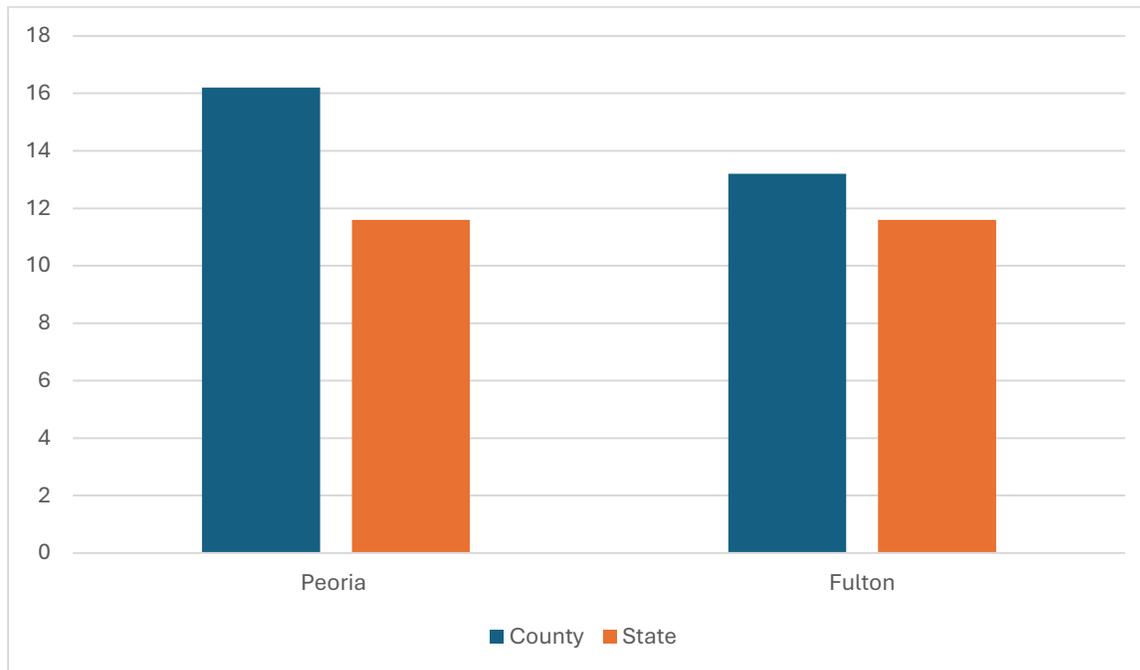
(2023 American Community Survey)

<b>04</b>	103,905	9,270	9,519	32,476	27,990
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2024 American Community Survey Population surveys showed a significant difference in the 65+ population living in all six counties of Age Central’s planning and service area 4 (PSA) compared to the state average for residents age 65+. The dark blue bar delineates each of our six counties’ 65+ population as a percentage of their respective counties' population.



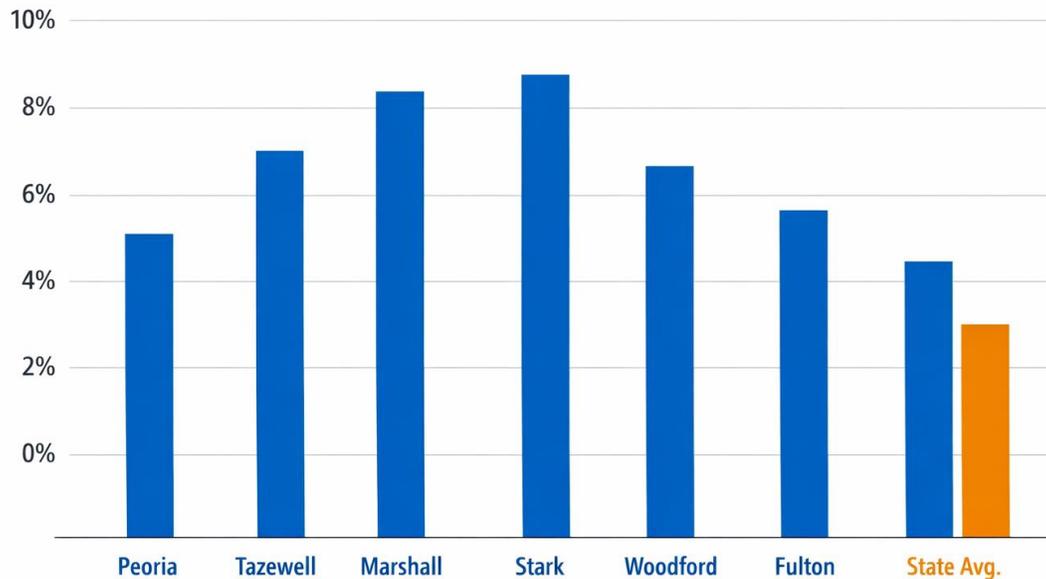
Peoria and Fulton counties, the poverty rate is greater than the state average.



Studies show a link between health and socio-economic status.

“Community-level socioeconomic disadvantage can have a considerable impact on individuals and has been causally linked to increased risk of disease, disability, and death. Braveman PA, Cubbin C, Egerter S, Williams DR, Pamuk E, 2010. s. Am. J. Publ. Health 100 (S1), S186–S196. Another notable population trend is that five of the six counties in the agencies’ planning and service area, including Peoria, Tazewell, Marshall, Stark, and Fulton counties, show a larger percentage of the population experiencing a disability than the State of Illinois (U.S. Census 2024). US. Census surveys ask about six disability types: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty. Respondents who report on any of the six disability types are considered to have a disability. Disability and poverty status are related, as determined in some studies, Emily A. Shrider and Christina Bijou Issued, Poverty in the United States: 2025, U.S. Census Bureau, In a comprehensive report from the U.S. Surgeon General, 2023, said the highest prevalence for loneliness and isolation occurs among people with *poor physical or mental health, disabilities, financial insecurity, those who live alone, single parents, as well as younger and older populations*.<sup>1</sup>, (US Surgeon General, 2023)

The veteran population in all six counties is more than the state average



The veteran population is significant because of a new agency initiative and diversified funding source through the Veterans Administration’s Veterans Directed Care Program. The program coordinates with VA social workers and the local area agency on aging to provide eligible veterans with home services that are more self-directed as to what is needed to keep the veteran safe and independent. This initiative is vital to the wellness of veterans especially given the rate of physical and mental disability among veterans is higher, “compared with people who never served in the U.S. armed forces, veterans are more likely to have a disability. in large part,

Veterans have higher disability rates because they are older than the population in general (about one-half of veterans aged 65 and over). Higher disability rates also stem from service-related injuries, as well as the physical and psychological demands of military service (Vespa and Carter, American Community Survey, 2024).

The Veterans Directed Care Program helps veterans with disabilities to live in their home and gives them the dignity and autonomy to choose who or what comes into their home to provide help. Staff at Age Central provide case management, assessment, and support to determine eligible veterans and provide options of counseling with the veteran to ensure that the veteran has the resources in place to enable them to be independent and safe.

Another area that Age Central emphasized this year is the growing problem of how to support and sustain safety in the home for adults with dementia. Age Central’s caregiver information and assistance manager has said that the majority of caregivers who request and receive caregiver respite services are taking care of family members with dementia. Dementia, as defined by Alzheimer’s Association, is a general term for loss of memory and other thinking abilities severe enough to interfere with daily life (Alzheimer’s Association, 2016). The prevalence of Alzheimer’s and other dementias in Illinois is displayed in the following table, which is modified to show only Age Central’s planning and service area in relation to the state.

State	County	Alzheimer’s Dementia Prevalence, 2020		
		Total Pop. Age 65+ (nearest 100)	AD Cases Age 65+ (nearest 100)	AD Prevalence (Age 65+)
Illinois	PSA 4	2,089,200	250,600	12 %
	Peoria	32,100	3,700	11.7%
	Fulton	7,200	800	11%
	Marshall	2,700	300	10.9%
	Stark	1,200	100	10.7%
	Tazewell	25,900	2,800	10.9%
	Woodford	7,200	800	11.1%

(Dhana, 2023)

The table provided by the Alzheimer’s Association shows that the percentage of reported dementia cases in Age Central’s planning and service area is slightly lower than the state average. The number of adults with dementia is still very high, and those affected by dementia, including their family and friends who provide day-to-day care or supervision, are not represented in the table above. The Alzheimer’s Association says that 1-4 caregivers in Illinois care for someone with dementia. Adverse effects on informal caregivers or unpaid family or friends who provide help with cleaning, cooking, laundry, transportation, shopping, and paying bills are well documented (Illinois Department on Aging, 2024)

To help provide increased support for adults with dementia and their caregivers, Age Central partnered with a Medicare provider, Eli Health, to provide adults with dementia and their caregivers access to the relatively new Medicare G.U.I.D.E (Guiding an Improved Dementia Experience). Age Central has staff who will provide eligibility assessments for this program and identify needs both for the adult with dementia and their caregiver.

**Needs Assessment and Community Conversations:**

There were seven different community conversations held to gather information about perceived needs among older adults. Five of them were held at congregant meal sites including Graceland Center for Purposeful Aging, Peoria County, Toulon Methodist Church, Stark County, MSW Projects, Marshall County, Leisure Acres, Tazwell County and Maple Manor in Fulton County. In Woodford County we held a community conversation at Trinity Lutheran Church during a caregiver support group and then one additional Peoria County conversation was held at St. Paul's Baptist Church in Peoria, IL.

**Demographic makeup of groups:**

Total attendance between seven community conversations was 56; more women than men were represented, 45 said they were on Medicare, and 11 said they were on Medicaid for health insurance. The Peoria groups were more racially diverse, with three African Americans and one Asian attending the Graceland Center for Purposeful Aging group and 9 African Americans and one Caucasian attending the meeting at St. Paul's Baptist Church. There were 10 attendees who identified themselves as an informal caregiver of someone with a disability.

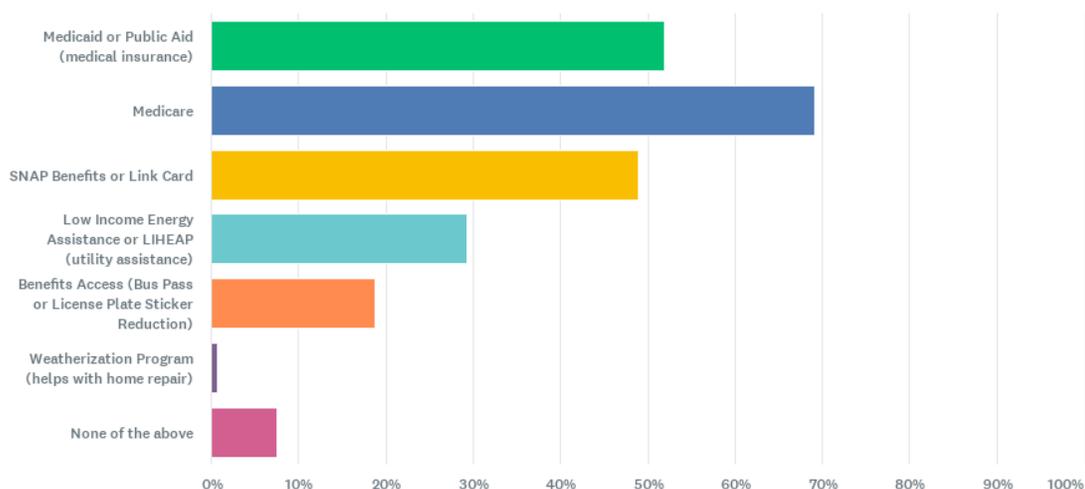
**Key Findings or perceived needs raised by older adults during community conversations:**

- 1) expand opportunities for socialization i.e more senior centers
- 2) Need education on how to use technology, i.e. phones, tablets
- 3) More access to fresh fruits and vegetables
- 4) expand education about caregiver resources and respite
- 5) transportation options are unknown or have excessive wait times
- 6) have accessible information about options for chore assistance ie. Listings of reputable snow removal, lawn care, home repair

### Needs assessment based on information from surveys:

The needs assessment survey went out to over 600 home-delivered and congregate meal recipients in Peoria, Tazewell, Fulton, Marshall, and Stark counties. Unfortunately, there are no home-delivered meals in Woodford County. Due to an attempt to cut down on the cost of postage, surveys were hand-delivered and picked up by home delivered meal staff and congregate site volunteers. Many of the surveys did not get returned in time to record them in SurveyMonkey.

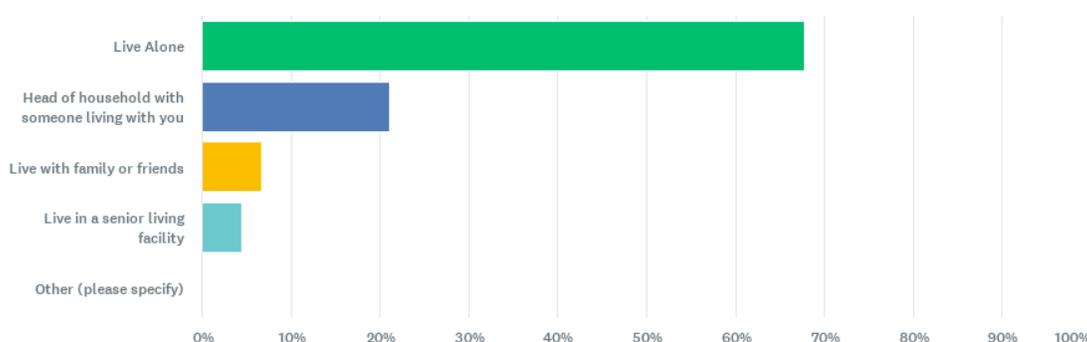
#### Q3 Have you used any of the following benefits in the last year?



The above chart shows that of the 133 surveys entered, most participants had used at least one of the benefits listed, with the majority having used Medicare, and the second highest benefit used was Medicaid. The third highest benefit was SNAP benefits, which were cut significantly this February. Based on public benefit information and age, the surveys show that Age Central is reaching adults aged 60+ and who are of lower socio-economic status.

The survey also showed a significant number of participants living alone. Which can affect whether someone feels lonely. Many of those surveyed were home delivered meal recipients by virtue of receiving meals in the home, have difficulty leaving the home on their own, or are otherwise described as homebound. The homebound population is at risk of feeling socially isolated or lonely, which studies have shown has adverse physical health effects comparable to smoking 15 cigarettes a day (U.S. Surgeon General, 2024) .

#### Q5 What is your current living arrangement?



#### Identified Service Priorities and Changes Needed:

- Expand outreach regarding all Age Central programs, especially among at risk groups i.e. rural/living alone, veterans, those living with dementia and their caregivers, minorities i.e. black, Hispanic/Latino, LGBTQ+ and people with disabilities.
- Expand community education and outreach for informal caregivers on current and new opportunities for support, TCARE, GUIDE, Tittle IIIIE Respite and Gap
- Collaborate with existing tech educators, i.e. Senior Net, School Districts, Community College, interns, libraries to increase opportunities for older adults to learn social media and other technologies.
- Promote social engagement opportunities among six counties and collaborate on ways to coordinate transportation to access events

Age Central has continued to adjust its service delivery in response to uncertainty regarding future federal and state funding, the five-step planning process, and direction from the Illinois Department on Aging. The following section describes the major service and program adjustments made in FY26 and the reasons for those adjustments.

We are dedicated to promoting independence and self-determination for older adults, individuals with disabilities, and their caregivers. Through rigorous community assessment, thoughtful program development, and active advocacy, we strive to ensure that all individuals in our six-county service area have equitable access to resources that support health, dignity, and quality of life (Age Central, 2024).

By keeping Age Central's mission as a focal point and making small adjustments to our delivery service, we made progress in meeting our goals outlined in last year's Public Information Document or (PID). These state and local initiatives include increasing statewide visibility of the aging network, driving continuous quality assurance & improvement activities, and increasing public awareness and knowledge of caregiver needs.

### **Adjustments:**

With debate over full federal funding this last year, the agency has begun in earnest to seek alternative funding sources to avoid over-dependence on Federal Older Americans Act funding. The agency has added a program called Veterans Directed Care, in which Age Central has partnered with the Veterans Administration to offer a grant program that helps qualified veterans receive home services, in which they are able to exert more control over who provides home services. Another added program called GUIDE (Guiding an Improved Dementia Experience) is a Medicare program that offers adults with dementia more support in the home and offers their informal caregivers a significant amount of respite hours. The direct care staff needed to support these new programs are funded by the services provided by both the Veterans Directed Care and G.U.I.D.E. programs. To effectively apply for these and other grants in the future. Age Central has hired and sustained the employment of a grant writer.

### **Description of Agency Programs and Service FY26:**

Current service provision is organized by county (PSA 04).

Age Central's Planning and Service Area (PSA 04) include Fulton, Marshall, Peoria, Stark, Tazewell, and Woodford counties. Service provision is organized in two ways: (1) county-specific delivery systems for services that are inherently place-based (e.g., nutrition sites/routes and transportation coverage areas), and (2) PSA-wide access and caregiver services that are delivered through Age Central's centralized intake and partner provider network but tracked and projected by county for equity and compliance.

County needs context used for targeting.

Age Central's planning and service decisions are informed by county-level indicators of greatest economic and social need—especially the scale of the age 60+ population, older-adult poverty,

disability prevalence, minority populations, and older adults living alone (e.g., Peoria has a large 60+ population and higher poverty, while Fulton shows elevated poverty among older adults).

How services are organized by county (service delivery approach).

Across all six counties, Age Central ensures access to core OAA services through (a) information and assistance/intake functions, (b) caregiver supports (including respite and evidence-based caregiver supports as applicable), and (c) contracted provider capacity for direct service delivery (nutrition, transportation, etc.). County-level service provision and projections are documented through the Area Plan's county-by-county service distribution and projection tables (e.g., projected persons/units and funding by county for transportation and assisted transportation, information & assistance, outreach, and other service categories).

Plan for addressing gaps where services are not currently available or are limited.

Age Central's approach to county gaps is to:

1. Identify unserved/underserved subareas through assessment inputs, provider reporting, and service monitoring (including where routes/driver availability or provider capacity limits access);
2. Recruit and retain providers via ongoing outreach and procurement/RFP processes when needed;
3. Use alternative service models to stabilize coverage in rural or hard-to-serve areas (e.g., adjusted delivery models or use of shelf-stable/frozen options where appropriate and allowable); and
4. Rebalance resources and implement corrective actions through provider technical assistance and service monitoring when service levels fall below projected need (including escalations, targeted outreach, and resource reallocation consistent with approved policies).

County gaps and mitigation priorities for FY27 amendment.

Based on PSA-level planning inputs and prior-year implementation experience, Age Central will prioritize closing gaps that most directly affect health and safety outcomes, including nutrition access (especially HDMs in unserved rural townships), transportation access for medical appointments, and caregiver support availability in communities with high caregiver burden.

As one of thirteen area agencies on aging in the state of Illinois, Age Central continued to partner with other area agencies around the state to strengthen its provision of services in our Planning and Service Area (PSA). Some examples of those collaborations or partnerships with Area Agencies on Aging included;

- 1) Age Guide, Planning, and Service Area Two in Lombard- enabled us to start the delivery of the Veterans Directed Service program with guidance, educating staff, and helping with reporting. Age Guide information and assistance staff also provided a training for Age Central information and assistance staff on options counseling this in the fall of 2025.
  
- 2) Age Options, Planning and Service Area Thirteen in Oak Park- provided education and advisement around volunteer help and the SMP Bingo activity, which we used for a recent partnership with Peoria Public Health and Graceland Center for Purposeful Aging. We also collaborated on a fall prevention program with Age Options.

#### Direct services listed

Direct services provided by Age Central (AAA).

Age Central provides a combination of contracted services delivered by provider agencies and direct services delivered by the AAA when required for continuity of coverage, network capacity, or statutory AAA functions. For FY27, Age Central's direct-service provision includes centralized Information and Assistance; caregiver information, access assistance, case management/service coordination, respite, and gap-filling supports; direct transportation where provider procurement has not produced adequate coverage; and direct nutrition services in Fulton County (Congregate Meals and Home Delivered Meals) due to ongoing provider coverage constraints. Age Central also provides benefits counseling and enrollment assistance activities such as SHAP/MIPPA; those activities are described elsewhere in this PID and are not shown as separate direct-service nutrition or caregiver funding lines unless separately budgeted.

Although some programs showed a lower number of persons and units served, they also represent improved accounting of persons and units based on service definitions and significant improvements made in monthly coordination with service providers. Many significant achievements were made in targeting those of greater socio-economic need, especially outreach to racial/ethnic groups, i.e., African American and Hispanic/Latinos, and groups at risk for social isolation, i.e., veterans and those who live in more rural locations.

## Service Projections for FY 2027 (projections based on actuals)

SERVICES	NUMBER OF PERSONS	NUMBER OF UNITS*
A Matter of Balance	51	229
Caregiver/GRG Access Assistance	975	1840
Caregiver/GRG Counseling	312	364
Caregiver/GRG Training	115	115
Caregiver Information	746	4,476
Caregiver Case Management	100	700
Caregiver/GRG Support Groups	89	209
Congregate Meals ( <i>All Providers</i> )	662	34,230
Dementia Alzheimer's Gap Filling	60	2550
Gap-Filling and Chore: Caregiver	48	48
Gap-Filling and Chore: General Services	36	36
Home Delivered Meals ( <i>All Providers</i> )	1,586	267,346
Food Boxes /Homestyle Direct Frozen	65	9,250
Information and Assistance	9,597	11,518
Legal Assistance	338	1,248
Medication Management Screening	31	31
Mental Health Screening	62	331
Outreach	337	509
Person-Centered Counseling	135	191
Respite for Caregivers	110	5400
SHAP/MIPPA	2,484	2,484
Social Isolation	542	1,144
Transportation	485	16,381
Transportation - Assisted	201	9,676

Central Illinois Agency on Aging *DBA*: Age Central has taken the following steps to address the statewide initiative which is to increase the visibility of the Aging Network and locally to increase awareness of the mission and vision of Age Central to ensure quality partnerships with other organizations while educating stakeholders on resources available to the aging and disability community to promote independent living and self-determination in each county representing, PSA 4.

During Fiscal Year 2026, Age Central continued to expand partnerships, strengthen service delivery, and enhance outreach efforts throughout Planning and Service Area 04. Key accomplishments include:

- **Expansion of the Veteran Directed Care (VDC) Program** to support veterans who wish to remain safe in their homes through consumer-directed care options.
- **Collaboration with the Graceland Center for Purposeful Aging and the Peoria City/County Health Department** to advance community education, wellness initiatives, and innovative programming that promotes healthy aging.
- **Hosting a Senior Medicare Patrol (SMP) community shredding event** to promote fraud prevention and help older adults protect themselves from identity theft and Medicare fraud.
- **Partnership with Homestyle Direct** to expand frozen home delivered meal options for older adults, particularly in rural communities.
- **Launch of the new Age Central website**, improving accessibility and awareness of programs and services available to older adults, caregivers, and persons with disabilities.
- **Strengthening partnerships with the American Heart Association and the American Lung Association** to support chronic disease prevention, health education, and wellness initiatives.
- **Community engagement and outreach**, including presentations to local government and community organizations such as the Tazewell County Board and Richwoods Community.
- **Media engagement with WEEK 25**, providing interviews related to legislation and public policy impacting older adults and aging services.

### State initiative #2 Outcome:

Central Illinois Agency on Aging *DBA: Age Central* progress to drive continuous quality assurance and improvement activities that emphasize person-centered and trauma-informed services while maximizing the effectiveness of services delivered through the Aging Network, has been helped by the following activities;

- **Implementation of updated provider reporting guidelines** and strengthened internal systems to improve program oversight, data collection, and service coordination.
- **Provided Training at 7/23/2025 Aging and Disability Resource Network meeting on helpful outreach techniques for the Hispanic/Latino community**, including a guest speaker.
- **Provided Training at the 7/23/2025 Aging and Disability Resource Network meeting on providing outreach to rural communities**, with the provider Center for Youth and Family Solutions speaking.
- **Provided Training at the 9/24/2025 Aging and Disability Resource Network meeting on Fall Prevention** to recognize National Fall Prevention Awareness Week.
- **Provided training through SAGE, for 114 staff and Aging and Disability Resource Network partners on LGBTQ+ aging and person-centered care training.**

FY 26 Plans will include offering Trauma-Informed training for members of the Aging and Disability Resource Network, scheduled for May 27<sup>th</sup>, 2026, at 10 a.m. This training will be led by OSF Strive Trauma Recovery staff.

### Statewide Initiative #3 Outcome:

The AAA's efforts to *increase public awareness and knowledge of caregiver needs as well as resources and services available throughout Planning and Service Area 4 to promote increased caregiver engagement in person-centered, trauma-informed, and evidenced-based programs and services* was helped by the following activities;

- **Participation in the CMS GUIDE Model**, positioning Age Central to support improved dementia care coordination and resources for caregivers.
- **Implementation of the Mama Joe caregiver initiative** in partnership with the Illinois Family Caregiver Coalition and the SIU School of Medicine to expand caregiver education and outreach.

- **Invited to hold a community conversation at Woodford County, El Paso, Caregiver Support Group 1/14/2026**, Age Central, Caregiver Program Manager facilitated.
- **Provided training during the 1/28/2026 Aging and Disability Resource Meeting on the Illinois Caregiver Coalition**, led by the guest speaker

#### Local Initiatives:

In addition to statewide initiatives, Age Central continued several PSA-specific initiatives in FY26 that responded directly to locally identified needs. These included implementation of Veterans Directed Care for eligible veterans; participation in the CMS GUIDE model to strengthen dementia care coordination and caregiver support; partnership with Homestyle Direct to expand frozen home-delivered meal options, particularly in rural areas; collaboration with the Graceland Center for Purposeful Aging and the Peoria City/County Health Department on community education and wellness programming; and strengthened partnerships with the American Heart Association and American Lung Association to support chronic disease prevention and health education. Together, these local initiatives reflect Age Central's effort to diversify resources, expand access, and respond more effectively to identified needs across PSA 04.

#### Progress of Sub-Grantee Program and Monitoring Activities:

During FY26, Age Central continued to strengthen provider oversight through updated reporting guidelines and internal systems for program oversight, data collection, and service coordination. Provider support and monitoring activities included review of provider reporting, follow-up technical assistance, and targeted training through the Aging and Disability Resource Network on outreach to priority populations, rural access, fall prevention, LGBTQ+ person-centered care, and trauma-informed practice. These activities were used to identify issues early, improve reporting quality, and support corrective action or operational adjustments where needed.

The following table reflects only the portion of services that Age Central anticipates providing directly in FY27. These figures are not the PSA-wide all-provider projections shown above; rather, they represent the AAA direct-service portion where Age Central is the provider of record or where the AAA administers the service directly to maintain continuity or fill network gaps.

**Direct services listed with projections and Funding Allocations:**

<b>Direct Service</b>	<b>Projected Persons</b>	<b>Projected Units</b>	<b>Anticipated Funding Level</b>	<b>Justification</b>
<b>Information and Assistance (Direct AAA Service)</b>	9,597	11,518	\$210,592	Age Central provides centralized intake, information, referral, and navigation across PSA 04 to ensure consistent access to services and benefits in all six counties.
<b>Caregiver Access Assistance</b>	975	1840	\$82,105	Age Central provides caregiver to access assistance across PSA 04 to connect family caregivers and grandparents/older relatives raising children to respite, support, and related resources.
<b>Caregiver Information / Education</b>	746	4,476	\$38,472	Age Central provides caregiver information and education directly across PSA 04, with emphasis on dementia-related support, caregiver resource awareness, and navigation to available services.
<b>Alzheimer's Disease &amp; Related Dementia Supportive Gap-Filling</b>	60	2550	\$30,900	This direct service is maintained to address dementia-related unmet needs across PSA 04 where flexible caregiver and supportive services are needed to maintain safety in the home.
<b>Gap-Filling and Chore – Caregiver</b>	48	48	\$31,055	Direct gap-filling and chore supports are used when no contracted option is available or when limited one-time assistance is needed to stabilize caregiving situations.
<b>Gap-Filling and Chore – General Services</b>	36	36	\$26,956	This service is maintained directly to address one-time health and safety needs when provider availability is limited or when

				rapid intervention is needed to support independent living.
<b>Respite for Caregivers</b>	110	5400	\$65,672	Age Central administers caregiver respite directly to ensure timely access and continuity across all six counties, particularly for caregivers supporting individuals living with dementia.
<b>Transportation (Direct AAA Service)</b>	139	7,825	\$88,314	Age Central provides direct transportation where provider procurement has not produced adequate coverage and where direct coordination is needed to maintain access to essential community and medical trips.
<b>Home Delivered Meals – Fulton County Direct Service</b>	301	30,995	\$464,410	Age Central maintains direct HDM service in Fulton County due to longstanding provider coverage constraints and the need to preserve continuity of nutrition services.
<b>Congregate Meals – Fulton County Direct Service</b>	67	8901	\$95,094	Age Central maintains direct congregate nutrition service in Fulton County due to provider coverage constraints and the need to preserve access to community-based meal opportunities.
<b>Caregiver Case Management / T-Care</b>	100	700	\$24,382	Age Central provides direct caregiver case management and assessment/service coordination to identify needs, develop support plans, and connect caregivers to appropriate services across PSA 04.

### **Direct Service Explanations:**

Fulton County HDM context:

Age Central will also continue to use alternative nutrition delivery models, including frozen meal options and similar non-traditional delivery methods when appropriate, as a strategy to expand access in rural or otherwise hard-to-serve areas.

#### SHAP/MIPPA

Age Central also provides benefits counseling and enrollment assistance activities such as SHAP/MIPPA; those activities are discussed in the accomplishments and service narrative and are not shown here as separate direct-service funding lines unless separately budgeted in the final FY27 Area Plan budget exhibits.

The following services are provided by Age Central including planning, coordination, program development, advocacy, direct service provision, administrative and administratively related direct service activities to provide services and resources for older persons and caregivers in our service area.

1. Planning- the advisory council, staff and Aging and Disability Resource Network (ADRN) work together to develop the Central Illinois Agency on Aging DBA: Age Central Area Plan for older persons, adults with disabilities, informal (non-paid) caregivers of older adults, and grandparents (or related adult) raising grandchildren. Throughout this collaboration, information and insight are drawn from various national, state, and local sources and updated as frequently as additional information is available. FY 2026 Planning included seven different community conversations with residents of each county in the Central Illinois Agency on Aging DBA: Age Central Planning and Service Area.
2. Coordination- Coordination performed by Age Central includes working with other funding agencies and service providers to develop a network of services and benefits and to encourage providers to work together to meet the needs of older persons and family caregivers as fully as possible. Two examples of coordination included our executive director working with leaders from the Illinois Department on Aging, the Illinois Caregiver Coalition, Alzheimer's Association, and AARP to bring an extraordinary caregiver documentary movie called "Momma Joe" to the Peoria Riverfront Museum and a movie theater in downtown Canton, IL. The other example is when Age Central collaborated with Peoria Public Health, Graceland Center for Purposeful Aging, and

AARP to offer three Senior Medicare Patrol educational events, held in zip codes where residents fit the definition of greatest economic and social need.

3. Program development activities include creating new services and improving existing services in response to identified needs, provider capacity issues, and changing community conditions. In FY26, these activities included implementation of new initiatives such as Veterans Directed Care and GUIDE, expansion of frozen meal options, and partnership-building efforts that strengthened caregiver supports, chronic disease prevention, and outreach to underserved populations across PSA 04.
4. Advocacy – Through its advocacy activities, Age Central represents and supports older adults, caregivers, and persons with disabilities in obtaining services and benefits, informs elected officials and community institutions of identified needs, and participates in forums and partnerships intended to address service gaps. In FY25 and FY26, advocacy activities included benefit counseling and enrollment assistance through SHIP partners, public education and media engagement related to legislation and public policy affecting older adults, and planning discussions with aging-network partners to address urgent transition needs when service settings changed unexpectedly.

#### 5) Administrative and Administratively Related Direct Service Activities

AAA administrative and administratively related direct service activities (ARDS).

In addition to funded direct services, Age Central performs essential AAA functions required under the Older Americans Act and state policy—administration, planning, monitoring, coordination, program development, and advocacy—so that older adults and caregivers across PSA 04 have equitable access to a comprehensive service system.

Administrative functions include fiscal oversight and grants management; contract development and administration; monitoring of provider performance and compliance; program reporting; data quality assurance; and support for Area Plan development, public hearing processes, and continuous quality improvement.

Administratively related direct service activities include AAA-led oversight and network-support functions that enable direct services to operate effectively and safely, including: provider technical assistance; service quality monitoring; continuity planning for critical services (e.g., nutrition and transportation); ADRN coordination and information-sharing; and system-level planning/coordination activities to close service gaps in rural and underserved areas.

Funding amounts for administration and ARDS.

Age Central's FY26 PID documented planned funding levels for AAA-level functions including Advocacy, Coordination, Program Development, and Administration as discrete budgeted categories. For FY27, the PID will summarize the Title III and State General Revenue (GRF) amounts used for:

- AAA Administration, and
- each Administratively Related Direct Service category (including Advocacy, Coordination, and Program Development where funded), consistent with the Area Plan budget exhibits and IDoA instructions.

HDM funding + background on unserved areas/unmet needs + why unserved + actions to eliminate waiting lists

Home Delivered Meals (HDM) funding and unmet need context.

Home Delivered Meals remain a critical service for older adults who are homebound due to disability, chronic health conditions, lack of transportation, or functional limitations. HDM funding is supported through a combination of federal and state resources (including Title III-C2 and applicable state General Revenue funding streams as budgeted), with service delivery implemented through provider routes and distribution models designed to maximize coverage across PSA 04.

Unserved/underserved areas and why they remain unserved.

Age Central's FY26 PID documented that, despite ongoing route growth, certain rural townships and communities remain unserved for HDMs due to capacity constraints—especially driver availability, vehicle capacity, and the operational cost of serving remote delivery areas. The FY26 PID identified specific unserved areas in Marshall, Stark, and Woodford counties (by township/community lists) and described the underlying limitations.

Specifically, the FY26 PID identified Pattonsburg, Wilbern, Hopewell, LaPrairie, Lawn Ridge, Broadmoor, and Whitefield in Marshall County; Castleton, Duncan, Elmira, Lombardville, and Modena in Stark County; and El Paso, Eureka, Minonk, Bayview Gardens, Congerville, Germantown Hills, Goodfield, Panola, Secor, and Spring Bay in Woodford County as unserved areas for home-delivered meals.

Background activities and actions to eliminate waiting lists / expand coverage.

Age Central's approach to reducing HDM unmet need and eliminating waiting lists includes:

1. Regular provider coordination/technical assistance focused on route capacity, staffing stability, and service continuity;
2. Ongoing monitoring of service levels and unmet demand by county/subarea to support timely adjustments;
3. Cost-reduction and alternative delivery strategies where appropriate for remote rural locations (including the use of models that reduce delivery frequency while maintaining nutritional support, where allowable and safe);
4. Targeted one-time investments and system support (e.g., equipment, delivery vans, operational improvements) to maintain and expand delivery capacity; and
5. Pursuit of additional resources and partnerships to stabilize labor, offset rising costs, and improve sustainability of service delivery.

Additional strategies carried forward from the FY26 PID include making one-time grants available for delivery vans and food service equipment, continuing provider meetings focused on unmet need, and sharing information on unserved and undeliverable areas with legislators and other elected officials.

Fulton County HDM context (direct service continuity).

Where provider coverage is not available, Age Central has historically maintained direct service delivery to ensure continuity of nutrition services. The FY26 PID documented that Fulton County meal services remained under AAA operation due to provider coverage constraints (including limited provider interest historically), with ongoing strategies to stabilize and improve service delivery.

In addition to direct services, Age Central performs the administrative and network-support functions necessary to operate the PSA 04 aging system, including planning, contract development and oversight, fiscal management, provider monitoring, reporting, quality assurance, coordination through the ADRN, program development, and advocacy. These activities support continuity and improvement of nutrition, transportation, caregiver, information and assistance, elder rights, and outreach services throughout the six-county PSA. The FY27 Area Plan budget exhibits identify the amount of Title III and State General Revenue funds budgeted for Administration and for each administratively related direct service category.

## 7. Administration of Funding Increases by Resource

How Age Central will administer funding increases by resource.

When funding increases occur (whether through federal allocations, State General Revenue, or program adjustments approved through the Area Plan amendment process), Age Central administers the increase by: (1) confirming allowable uses by funding source; (2) updating service projections (persons/units) and county distribution as applicable; (3) issuing or amending provider awards/contracts and internal workplans; (4) prioritizing expansion toward populations and geographies with the greatest economic and social need and toward documented unmet needs; and (5) implementing monitoring to ensure that increased funds convert to increased service capacity, access, and measurable outputs. Funding increases are administered within the approved Area Plan Amendment, and any significant reallocations are reviewed through internal fiscal oversight and governance processes (Advisory Council review and Board approval as applicable).

Resource-by-resource approach for administering increases:

- III-B (Supportive Services):  
Increases are used to expand access to supportive services that reduce barriers to independence—prioritizing service access in rural and underserved areas, reducing service gaps identified through planning inputs, and strengthening provider capacity where demand or wait times exist. Age Central will adjust units/persons projections and implement provider contract amendments or targeted service expansion plans (e.g., transportation access, I&A capacity, evidence-based supports where allowable under III-B).
- III-C1 (Congregate Meals):  
Increases are administered by expanding meal site capacity and participation, strengthening nutrition site operations, and supporting access measures that increase participation (outreach, coordination, and logistical supports consistent with allowability). Where the AAA provides meals directly (as applicable), increases may be used to stabilize and enhance direct operations and prevent reductions in meal availability.
- III-C2 (Home Delivered Meals):  
Increases are administered by expanding HDM capacity (units and persons), prioritizing the reduction of unmet needs and addressing unserved/underserved areas. Age Central will use increases to strengthen route capacity, support staffing/logistics, and implement service delivery improvements that expand coverage. If there are known unserved areas or capacity constraints, increased funds are applied toward documented

barriers (e.g., route expansion feasibility, staffing stability, and alternative delivery strategies where appropriate and allowable) and toward reducing waiting lists.

- III-D (Evidence-Based Health Promotion):  
Increases are administered by expanding evidence-based programming and screening interventions, prioritizing counties/communities where health risk indicators and access barriers are greatest. Increases are applied to program delivery capacity (facilitator time, materials, and partner subawards where applicable) and to outreach that improves uptake among underserved older adults.
- III-E (Family Caregiver Support):  
Increases are administered by expanding caregiver information, access assistance, caregiver training/support programming, and respite capacity—prioritizing caregivers supporting persons with dementia and caregivers in high-burden situations. Age Central will scale services through provider subawards and/or AAA direct caregiver functions (intake, assessment, coordination) as applicable, ensuring that increased funding yields increased caregiver reach and documented outcomes.
- VII-EA (Elder Abuse Prevention):  
Increases are administered by expanding prevention education, strengthening referral and coordination functions, and increasing community awareness activities. Funds are applied to activities that improve identification, prevention, and response pathways (consistent with allowable prevention/education and coordination activities).
- VII-Omb (Long-Term Care Ombudsman):  
Increases are administered to strengthen Ombudsman service capacity (presence, responsiveness, and outreach), including the ability to address complaints, conduct required visitation/monitoring activities, and increase education/outreach efforts. Increases are applied to staffing capacity, volunteer support where applicable, and the operational needs required to maintain program responsiveness.
- State-funded HDM:  
Increases are administered specifically to expand home-delivered meal access beyond what is possible with federal resources alone—prioritizing unserved/underserved rural areas and documented unmet need. Funds are translated into additional HDM units and route capacity and coordinated with the broader nutrition delivery system to maximize coverage and reduce barriers.
- State-funded CBS:  
Increases are administered to expand community-based supportive services that sustain independence and reduce institutional risk. Age Central will allocate increased CBS funding through provider awards and/or AAA-delivered service administration

functions, targeting service gaps and high-need geographies, and ensuring that increased funds convert into measurable service delivery outputs.

- **State-funded Caregiver Support:**  
Increases are administered to expand caregiver supports beyond baseline levels—especially respite capacity, caregiver education/support programming, and caregiver access assistance. Increased funding is directed to reduce caregiver strain, improve stability of caregiving situations, and mitigate crisis-driven institutional placements where possible.
- **AAA Admin (Administration):**  
Increases are administered to ensure the AAA can maintain required fiscal oversight, contract administration, monitoring, reporting, and planning functions needed to manage expanded service volume responsibly. Administrative increases are used to support compliance, quality monitoring, reporting timeliness, and technical assistance to providers—so that additional service dollars are protected and used effectively.
- **AAA DS (AAA Direct Services, where applicable):**  
Where the AAA provides direct services to maintain coverage, increases are administered to expand direct service capacity (units/persons), stabilize service continuity, and reduce gaps in provider coverage. Increased AAA direct-service funding is tied to measurable output increases and is managed through internal monitoring, service documentation, and alignment to approved service projections.

## 8. Administration of Funding Decreases by Resource

How Age Central will administer funding decreases by resource.

When funding decreases occur (federal reductions, state reductions, cost increases without commensurate funding, or other allocation changes), Age Central administers reductions through a structured approach designed to protect health and safety outcomes and preserve equitable access across the PSA. This includes: (1) confirming mandatory requirements and protected functions; (2) analyzing impacts to service units/persons by county and by provider; (3) prioritizing continuation of core services and coverage in areas of greatest economic and social need; (4) implementing staged reductions with transparent adjustment to service projections; (5) modifying provider awards/contracts and AAA internal plans accordingly; and (6) documenting the rationale and mitigation steps within the Area Plan amendment process. The intent is to minimize harm, avoid abrupt service disruption where possible, and preserve the most critical services for older adults and caregivers.

### Resource-by-resource approach for administering decreases:

- III-B (Supportive Services):  
Decreases are administered by prioritizing supportive services that most directly affect safety and independence and by preserving baseline access across counties. Where reductions are required, Age Central will scale back lower-impact activities first, adjust units/persons projections, and work with providers to implement efficiencies and maintain service availability for high-need individuals and underserved areas.
- III-C1 (Congregate Meals):  
Decreases are administered by protecting core meal service continuity and the availability of congregate meal access points where possible. Reductions may require adjusting meal frequency, site operations, or units served; Age Central will work with providers to mitigate impacts, preserve access for high-need populations, and avoid sudden service loss.
- III-C2 (Home Delivered Meals):  
Decreases are administered by prioritizing service for those with the highest need (homebound, high-risk, limited supports) and by protecting continuity of HDM delivery wherever possible. If reductions create risk of waitlists or reduced coverage, Age Central will document impacts, implement mitigation strategies (including efficiency adjustments and delivery model changes where appropriate and allowable), and prioritize the reduction of harm in unserved/underserved rural areas.
- III-D (Evidence-Based Health Promotion):  
Decreases are administered by prioritizing evidence-based activities with the greatest demonstrated impact and the broadest reach, preserving key programs where feasible, and scaling back lower-utilization or higher-cost-per-participant options first. Units/persons projections are revised accordingly.
- III-E (Family Caregiver Support):  
Decreases are administered by prioritizing caregiver supports that prevent crisis and sustain caregiving arrangements—particularly respite and essential caregiver access supports. Age Central will preserve baseline caregiver assistance functions and scale reductions in ways that protect high-burden caregiver situations and maintain the most essential supports.
- VII-EA (Elder Abuse Prevention):  
Decreases are administered by preserving core prevention education and coordination functions to the extent possible. If reductions are necessary, Age Central will focus remaining resources on high-need communities and maintain essential prevention of messaging and referral linkages.

- VII-Omb (Long-Term Care Ombudsman):  
Decreases are administered carefully because Ombudsman functions are core protections for residents. Age Central will preserve required complaint investigation, presence, and mandated program functions. If reductions occur, they will be managed through operational prioritization that protects resident rights and maintains baseline responsiveness.
- State-funded HDM:  
Decreases are administered by protecting the most critical HDM coverage first and documenting impacts to unmet need and access in rural/unserved areas. Age Central will coordinate reductions with the overall nutrition system and implement mitigation measures to reduce disruption, including prioritization criteria and efficiency strategies where appropriate and allowable.
- State-funded CBS:  
Decreases are administered by prioritizing core community-based supports that directly prevent loss of independence and by preserving access in high-need counties and communities. Where reductions are required, Age Central will adjust units and provider awards, prioritizing the highest-need recipients and essential service types.
- State-funded Caregiver Support:  
Decreases are administered by prioritizing the most essential caregiver supports—particularly those that prevent caregiver burnout and unsafe situations. Age Central will preserve baseline caregiver access functions and scale back lower-impact activities first, revising service projections and provider awards accordingly.
- AAA Admin (Administration):  
Decreases are administered by maintaining the minimum administrative capacity required for compliance, contract management, monitoring, and reporting. If administrative reductions occur, Age Central will implement internal efficiencies, prioritize required functions, and ensure that reduced administrative capacity does not create compliance risk or destabilize service oversight.
- AAA DS (AAA Direct Services, where applicable):  
Decreases affecting AAA direct services are administered by preserving continuity for those services that fill provider coverage gaps and protect health and safety outcomes. Age Central will revise units/persons projections, implement operational efficiencies, and coordinate with the provider network to avoid service discontinuation where possible. If reductions cannot be mitigated, Age Central will document impacts and prioritize the highest-need recipients.

## 9, Funding Possibilities and Strategic Resource Diversification

Age Central recognizes that community needs—particularly in rural areas—continue to outpace the growth of traditional Older Americans Act resources. As part of the FY 2027 planning and amendment process, the agency is intentionally strengthening its approach to diversifying funding and expanding non-OAA resources to increase capacity, improve systems, and address unmet needs. This includes pursuing partnerships and funding opportunities that (1) align with the AAA’s core role as a trusted access point for older adults and caregivers, (2) complement—not replace—OAA-funded services, and (3) bring new health-sector and community infrastructure supports into our six-county region.

### Example 1: American Lung Association – Lung Cancer Screening Program Support

Age Central entered into a formal partner agreement with the American Lung Association to provide outreach and referral support for the Illinois Lung Cancer Screening Program. Under this agreement, Age Central is responsible for conducting outreach across the AAA’s client network, completing monthly reporting, and generating a minimum number of referrals to Lung Health Navigators for patient financial assistance. This partnership illustrates how Age Central can leverage external resources to expand community access to preventive health screening navigation and related supports while maintaining the AAA’s non-clinical role as a community connector.

**Example 2: American Heart Association – Nutrition Insecurity Screening and Referral Systems Improvement** Age Central has also developed a partnership concept with the American Heart Association focused on strengthening nutrition insecurity screening and referral workflows within the AAA’s Information & Assistance function for Fulton County residents. This effort is designed as a sustainable systems improvement project—enhancing the consistency and clarity of screening prompts and referral decision points—so that older adults seeking help with food and basic needs can be connected more efficiently to appropriate nutrition and benefit resources. This partnership reflects Age Central’s strategy of improving upstream access systems that influence health outcomes in rural communities.

### Ongoing approach to identifying and pursuing funding possibilities

Moving forward, Age Central will continue to identify and pursue funding possibilities through:

- formal partnerships with health organizations, hospitals, FQHCs, and statewide intermediaries;
- targeted, community-aligned capacity-building projects that strengthen access, screening, and referral systems; and
- initiatives that support caregiver stability, care coordination, transportation access, and other social drivers of health that affect older adults’ ability to remain safe at home.

All external funding opportunities are evaluated for alignment with the AAA mission, allowability, sustainability, and the ability to produce measurable improvements in access and outcomes for older adults and caregivers in PSA 04.

<b>DISTRIBUTION OF FUNDS BY AREA AND SERVICES</b>	
<b>AREA and SERVICES</b>	<b>FY27 Funding Levels</b>
<b>1. Marshall and Stark Counties</b>	
Transportation IIIB	26,795
Assisted Transportation IIIB	11,665
<b>2. Fulton County</b>	
Congregate Meals C1	
Home Delivered Meals C2	
Transportation IIIB	1,699
Assisted Transportation IIIB	1,728
Outreach IIIB	23,360
<b>3. Woodford County</b>	
Transportation IIIB	17,914
Assisted Transportation IIIB	10,369
<b>4. Tazewell County</b>	
Congregate Meals C1	85,584
Home Delivered Meals C2	410,697
Transportation (Southern & Northern for 2027) IIIB	54,533
Assisted Transportation (Southern & Northern for 2027) IIIB	18,146
Outreach IIIB	23,360
<b>5. Peoria County Outside of City of Peoria</b>	
Congregate Meals C1	61,811
Home-Delivered Meals C2	257,179
Transportation IIIB	4,892
Assisted Transportation IIIB	1,296
Outreach IIIB	23,360
<b>6. City of Peoria</b>	
Congregate Meals C1	142,640
Home-Delivered Meals C2	731,521
<b>7. Peoria County &amp; No. Tazewell Co</b>	
Transportation	-
Assisted Transportation	-
<b>8. Marshall, Stark &amp; Woodford Counties</b>	
Congregate Meals C1	90,339
Home-Delivered Meals C2	321,455
Outreach IIIB	20,911

<b>DISTRIBUTION OF FUNDS BY AREA AND SERVICES</b>	
<b>AREA and SERVICES</b>	<b>FY27 Funding Levels</b>
<b>9. Marshall, Stark, Woodford, Tazewell, and Fulton Counties; Rural Peoria County, and the City of Peoria</b>	
Elder Abuse Services	6,032
Gap-filling and Chore Services: General Services	26,956
Gap-filling: Caregivers	31,055
Gap-filling: Respite for Caregivers	65,672
Caregiver Counseling/Training	27,154
Mental Health Screening	9,291
A Matter of Balance	9,425
Legal Assistance	87,657
Medication Management Screening & Education	12,136
Ombudsman	210,000
Caregiver T-Care	24,382
Social Isolation	58,000
<b>SUBTOTAL:</b>	<b>2,909,014</b>
<b>10. Central Illinois Agency on Aging, Inc.</b>	
Direct Services:	
Advocacy PSA	26,343
Coordination PSA	84,907
Program Development	111,546
Information & Assistance	210,592
Caregiver Information Services	40,000
Caregiver Assistance Services	85,000
Caregiver Training and Education	1,200
Caregiver Tcare Services	31,248
Transportation DS	88,314
Options Counseling	11,694
Congregate Nutrtn Service-City of Peoria, Rural Peoria and Fulton	95,094
Matter of Balance	
Home Delivered Meals-City of Peoria, Rural Peoria and Fulton	464,410
Statewide Initiatives	61,800
Alzheimers and Dementia Gap Filling	30,900
Administration	366,434
<b>SUBTOTAL:</b>	<b>1,709,482</b>
<b>GRAND TOTAL:</b>	<b>4,618,496</b>

<b>DISTRIBUTION OF FUNDS BY AREA AND SERVICES</b>	<b>FY27 Funding Levels</b>
<b>Funded Services, Provided by Local Organizations</b>	
<b>Direct Services</b>	
<b>Provided by the CIAA</b>	
<b>Advocacy</b>	<b>26,343</b>
<b>Coordination</b>	<b>84,907</b>
<b>Information and Assistance</b>	<b>210,592</b>
<b>Caregiver Information Services</b>	<b>38,472</b>
<b>Caregiver Assistance Services</b>	<b>82,105</b>
<b>Caregiver Training and Education</b>	<b>1,176</b>
<b>Program Development</b>	<b>111,546</b>
<b>Transportation</b>	<b>88,314</b>
<b>Options Counseling</b>	<b>11,694</b>
<b>Congregate Nutrition Service-City of Peoria, Rural Peoria and Fulton</b>	<b>95,094</b>
<b>Statewide Initiatives</b>	<b>61,800</b>
<b>Home Delivered Meal Service-City of Peoria, Rural Peoria and Fulton</b>	<b>464,410</b>
<b>CIAA Administration</b>	<b>461,850</b>
<b>GRAND TOTAL:</b>	<b>1,738,303</b>

## Non-Discrimination Statement

Age Central/Central Illinois Agency on Aging, Inc. does not discriminate in admission to programs or activities to treatment of employment in programs or activities in compliance with the Illinois Human Rights Act, the U.S. Civil Rights Act, Section 504 of the Rehabilitation Act, the Age Discrimination Act, the Age Discrimination in Employment Act, and the U.S. and Illinois Constitutions.

If you feel you have been discriminated against, you have a right to file a complaint by calling Tessa Mahoney, Executive Director, Age Central/Central Illinois Agency on Aging, Inc. at 309-674-2071 or with the Illinois Department on Aging at 1-800-252-8966 (Voice & TDD).

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## References

- Braveman, P. A., Cubbin, C., Egerter, S., Williams, D. R., & Pamuk, E. (2010). Socioeconomic disparities in health in the United States: What the patterns tell us. *American Journal of Public Health, 100*(S1). <https://doi.org/10.2105/aiph.2009.166082>
- Bureau, U. C. (2026, February 19). *American Community Survey (ACS)*. Census.gov. <https://www.census.gov/programs-surveys/acs.html>
- Emily A. Shrider And Christina Bijou. (2025, September 9). *Poverty in the United States: 2024-current population reports*. Census.gov. <https://www.census.gov/library/visualizations/2025/demo/p60-287.html>
- FY2025-2028 State plan on aging. (n.d.-a). <https://ilaging.illinois.gov/content/dam/soi/en/web/aging/resources/newsandpublications>
- Prevalence of alzheimer's disease dementia in the 50 US states and 3142 counties: A population estimate using the 2020 bridged-race postcensal from the National Center for health [s/publications/documents/fy2025-2028-idoa-state-plan-on-aging.pdf](https://publications/documents/fy2025-2028-idoa-state-plan-on-aging.pdf) statistics - dhana - 2023 - alzheimer's & dementia - wiley online library. (n.d.). <https://alz-journals.onlinelibrary.wiley.com/doi/abs/10.1002/alz.13081>
- Tanne, J. H. (2023). Epidemic of loneliness threatens Public Health, says US Surgeon General. *BMJ*. <https://doi.org/10.1136/bmj.p1017>
- UnitedStates,planning.maryland.gov/MSDC/Documents/American\_Community\_Survey/2023/US\_ACS\_2023.pdf*. Accessed 8 Mar. 2026.
- Trends in veteran disability status and Service-Connected Disability: 2008–2022. (n.d.-c). <https://www2.census.gov/library/publications/2024/demo/acs-58.pdf>