

ATTACHMENT C

January 28, 2004

Special Master Judah Gribetz
Holocaust Victim Assets Litigation
P.O. Box 8300
San Francisco, CA 94128-8300

Dear Special Master Gribetz:

On behalf of Chicago's Holocaust Community Service program, a joint initiative of the Jewish Federation of Metropolitan Chicago, Jewish Family and Community Service, and Council for Jewish Elderly, attached please find a proposal which outlines the humanitarian assistance needs of Jewish survivors in Chicago and presents a 7.5 year service delivery plan to address those needs. Letters of support from all the Chicago area Holocaust survivor organizations are attached. This proposal is also part of an umbrella request being submitted by the United Jewish Communities to the Swiss Bank Settlement Fund on behalf of several North American communities.

We are requesting a total of \$1,715,665 to provide additional humanitarian assistance over the next 7.5 years.

It is important to us that you know that we, as a community, fully understand and appreciate the global needs of Nazi victims. Through the Chicago Jewish Federation's Sister City relationship with Kiev, as well as our major financial support of JDC's humanitarian efforts across the globe, we have seen firsthand the extreme poverty among elderly Jews in the former Soviet Union and other parts of the world. Teams of lay and professional leaders from Chicago visit the FSU several times each year. We are also acutely aware of the fact that the needs of many survivors in Israel have been exacerbated by recent government cuts in the budget for social services and health care. We are supportive of all efforts to alleviate suffering and meet basic human needs among these populations.

At the same time, as documented in the attached proposal, the unmet needs among a segment of Chicago-area survivors are serious and will only increase as the population grows older. The public safety net brings subsidized services to many of Chicago's poorest survivors, but significant numbers fall through the

cracks because they are ineligible and because services for the elderly in Illinois are inadequately funded. Many survivors in the Chicago area need our support in order to stay alive. With additional resources, Chicago's Holocaust Community Services program is well positioned to expand service delivery to address service gaps and ensure that frail survivors in need have access to appropriate care.

If there are any questions or if additional information is required, please contact Joel Carp, Senior Vice President at (312) 444-2807 or JoelCarp@juf.org.

Sincerely,

STEVEN B. NASATIR
President

cc: Mally Rutkoff
Joel M. Carp
Lorraine Blass

bcc: Ed Fox
Betsy Gidwitz
Lester Rosenberg
Midge Perlman Shafton
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File Copy - HCS

Joel Carp (3 cc:s)

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**CHICAGO'S HOLOCAUST COMMUNITY SERVICES PROGRAM:
A PLAN TO EXPAND SERVICE DELIVERY, 2004 - 2011**
SUBMITTED TO
THE SWISS BANK SETTLEMENT FUND

JANUARY 28, 2004

BACKGROUND

Holocaust Community Services (HCS) was created four years ago to serve the Holocaust survivor community in the greater Chicago area. HCS is a collaborative effort of the Jewish Federation of Metropolitan Chicago, Jewish Family and Community Service (JFCS), HIAS Chicago, and Council for Jewish Elderly (CJE). Funded by the Claims Conference and the Harry and Jeanette Weinberg Foundation, and supplemented by agency and Federation support, HCS provides a range of in-home services, counseling, care management, emergency financial assistance, and group support services to survivors, as well as education and training for professionals and paraprofessionals who work with survivors in the larger community. In its early stages of development, HCS formed a Community Advisory Council comprised of the leadership of all local survivor community organizations, including child survivors and children of survivors. Their support of the program has been critical to its overall success.

Since its inception in April of 1999, HCS has served 797 unduplicated Holocaust survivors. In the past 14 months alone, 20 survivors have received 3,453 days of adult day services, 60 survivors have received 34,916 hours of personal care, 85 survivors have received 13,313 rides (transportation), 73 survivors have received 58,152 kosher home-delivered meals, 631 survivors have received 12,061 hours of counseling/care management, and 71 survivors have received \$98,188 in emergency financial assistance. The amount of subsidy dollars and the amount of service subsidized varies from survivor to survivor depending on each individual's needs and resources. Some require only minimal assistance, or for only short periods of time. However, as detailed below, 20% of those we serve are very high-risk individuals receiving a substantial amount of ongoing assistance and literally being sustained by HCS. This program keeps them out of long-term care institutions. This program keeps them alive.

As this proposal documents, the unmet needs among Chicago-area survivors are significant and will only increase as the population grows older. Survivors in our community are more economically and socially vulnerable and report poorer health than elderly non-survivors. While Chicago has been fortunate to receive several generous grants supporting services to the survivors, the allocation to our community appears to be disproportionately low given the size of the population. In addition, a major foundation grant that has been funding HCS for six years will end in 2006, just as our 80+ population grows from the current 1 in 10 survivors to 1 in 3 survivors. The public safety net brings subsidized services to many of Chicago's poorest survivors, but as illustrated below, significant numbers fall through the cracks. With additional resources, HCS is well positioned to expand service delivery to address service gaps and ensure that frail survivors in need have access to appropriate care.

NEEDS OF SURVIVOR COMMUNITY

Numbers

The 2000-2001 Metropolitan Chicago Jewish Population Study (MCJPS) found 6,000 Holocaust survivors living in the Chicago area. In the MCJPS survey, the following question was used to identify Nazi victims, "Thinking back to the Second World War, do you consider yourself to be a Holocaust survivor or refugee from Nazism in Europe?" This question was asked only of respondents who reported earlier in the interview that they were born before 1947 and were born outside of the United States.

This finding of 6,000 Chicago-area survivors is consistent with national studies that calculated the number of survivors living in the United States in 2000 to be between 122,000 and 146,000.¹ Utilizing the Meed Registry's estimate of 5% living in Illinois, this translates to between 6,500 and 7,300 survivors in the *state*, the majority of whom are concentrated in the Chicago Metropolitan area. Two newly released studies estimated the number of survivors in the U.S. in 2003 to be 110,000 (Ukeles, 2003) and 174,000 (Della Pergola, 2003), which translates to between 5,500 survivors and 8,600 survivors in Illinois.

There will be a sizable survivor community in the Chicago area for at least another 20 years. Applying the actuarial assumptions laid out in the Claims Conference's *A Plan for Allocating Successor Organization Resources*, there will be more than 4,000 survivors in Chicago five years from now, and close to 3,000 survivors 10 years from now, half of whom will still be in their 70's. In the year 2015, we project 2,450 survivors in the Chicago area, of whom 72.5% will be age 80 or older (See Table A on following page).

Age

It is widely known that most "young-old" – or individuals in their 60's and early 70's – tend to be self-sufficient while the "old-old" need increasing amounts of support to continue living independently in the community. As noted in the 2000 Claims Conference report, "Those over 80 or 85 are likely to have more substantial needs, and may have difficulty securing the quality, quantity, and access to services that they need when they need them, particularly when a health crisis is often a trigger for service need."

Chicago's survivor community is young compared to survivors in other parts of the world. In 2003, almost half of Chicago survivors are only in their late 50's or 60's, and only 5% are 85+, according to the MCJPS. By 2007, one in five will be 85+ and by 2011, 30% (or a projected 902 individuals compared to 284 in 2003) will be 85+ (See Table A). This means that Chicago can expect a dramatic increase in demand for service over the next decade.

This presents a real concern, as there is already a strain on current resources as we address the existing needs of our young-old population. In FY02, due to an unexpected surge in emergency cases, close to \$550,000 was used to subsidize in-home services to survivors, when only

¹ A Plan for Allocating Successor Organization Resources, 2000.
National Jewish Population Survey, 2000-01.

\$186,500 had originally been budgeted for in-home services. The deficit that year was covered through a supplemental emergency allocation from the Jewish Federation and reductions in other HCS program components. At that point, the Steering Committee and Community Advisory Council also reluctantly agreed to service cutbacks and caps.

Table A: Projected Survivor Population in the Chicago Area, 2000-2015: Age and Size²

AGE	2000		2001		2002		2003		2004		2005		2006		2007	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
55-59	516	8.6	385	6.7	44	0.8	42	0.8	0		0		0		0	
60-64	1140	19	1201	20.9	1473	26.8	1184	22.5	433	8.6	409	8.6	301	6.7	34	0.8
65-69	2184	36.4	2091	36.4	1336	24.3	1331	25.3	2014	40	904	19	935	20.8	1134	26.7
70-74	630	10.5	333	5.8	940	17.1	942	17.9	815	16.2	1732	36.4	1636	36.4	1032	24.3
75-79	918	15.3	1000	17.4	660	12	673	12.8	730	14.5	499	10.5	261	5.8	726	17.1
80-84	516	8.6	644	11.2	847	15.4	810	15.4	775	15.4	728	15.3	782	17.4	510	12
85+	102	1.7	98	1.7	203	3.7	284	5.4	272	5.4	490	10.3	579	12.9	811	19.1
Total	6006		5752		5503		5266		5039		4762		4494		4247	

AGE	2008		2009		2010		2011		2012		2013		2014		2015	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
56-59	0		0		0		0		0		0		0		0	
60-64	32	0.8	0		0		0		0		0		0		0	
65-69	899	22.4	322	8.5	300	8.5	220	6.7	24	0.8	23	0.8	0		0	
70-74	1015	25.3	1516	40	670	19	682	20.8	814	26.7	635	22.4	224	8.5	208	8.5
75-79	718	17.9	614	16.2	1283	36.4	1193	36.4	741	24.3	717	25.3	1055	40	466	19
80-84	514	12.8	550	14.5	370	10.5	190	5.8	521	17.1	507	17.9	427	16.2	892	36.4
85+	834	20.8	788	20.8	902	25.6	993	30.3	948	31.1	953	33.6	930	35.3	884	36.1
Total	4012		3790		3525		3278		3048		2835		2636		2450	

Health

According to the MCJPS, 55% of survivors in Chicago report health as fair/poor compared with 22% of the total population:

How would you say your health in general is?		
	Survivors	Total 55+ Population
Excellent	5%	22%
Very Good	16%	27%

² Source: 2000-2001 Metropolitan Chicago Jewish Population Study, applying actuarial assumptions from *A Plan for Allocating Successor Organization Resources* (2000).

Good	24%	27%
Fair	52%	17%
Poor	3%	5%

Approximately 18% of the survivor population report having a physical, mental or health disability or condition which has lasted six months and which limits employment, education or daily activities.

Of the 55 – 60 individuals each month who currently receive subsidized in-home and day care services through HCS, approximately 20% are very high risk individuals³ who are literally being sustained by this program, at a cost of as much as \$2,200/month per individual. They are able to remain in their own homes only because of the care they receive from this program. Some of these individuals are physically isolated from the centers of the Jewish community and do not have family to rely upon for assistance. Most need ongoing assistance over multiple years. For these individuals, the only alternative is a move to a nursing home, which is tantamount to a death sentence for them, and which would be far more costly at a rate of more than \$6,000 per month.

Income

According to the MCJPS, 14% of survivor households in the Chicago area live below 100% of the federal poverty guidelines, which in 2000 was about \$7,500 for a single-person household and \$11,300 for a two-person household. Survivors in Chicago are almost six times more likely to be living below the poverty line than the total Jewish 55+ population. Seventy percent of survivors reported an income under \$50,000, compared to 39% of the total 55+ population. Of those, 39% report an income of less than \$15,000, compared to 14% of the total 55+ population:

Income Breakdown for Those Under \$50,000⁴

Household Income	Survivors	Total 55+ Population
\$5,000 - \$10,000	20%	7%
\$10,000 - \$15,000	19%	7%
\$15,000 - \$20,000	-	14%
\$20,000 - \$25,000	1%	10%
\$25,000 - \$30,000	15%	8%
\$30,000 - \$35,000	8%	13%
\$35,000 - \$40,000	3%	9%
\$40,000 - \$45,000	-	6%
\$45,000 - \$50,000	28%	13%
Don't Know	6%	7%

Limitations in Social Safety Net

The social safety net in the United States is inarguably more comprehensive than in Eastern European countries and many other parts of the world. We are fortunate that government funds through Illinois' Community Care Program help to subsidize in-home and community-based services to the poorest of Chicago's survivors. However, as illustrated in Table B on page 6, the

³ Survivors in this category exhibit some or all of the following characteristics: frail, low to moderate income, ineligible for public benefits, socially isolated, in need of significant assistance with activities of daily living.

⁴ 2000-2001 Metropolitan Jewish Population Study.

average rate of reimbursement in Illinois is relatively low compared to other states. Of 11 states with sizable survivor populations, Illinois has the fifth lowest level of publicly-funded community-based care for older adults. As a result, the amount of service provided through government programs is, in many cases, nowhere near the amount of service needed to sustain survivors in their homes.

In Illinois' Community Care Program, level of service is determined by one's score on a standard needs assessment administered by a state-designated agency. Service is further restricted by the fact that government reimbursement levels do not cover provider agency's actual costs and therefore, providers are forced to "ration" their resources. In addition, some public programs for the elderly have waiting lists with no new clients being accepted. There is currently an eighteen-month waiting list for the Title III-B Chore/Housekeeping program in our region, as well as a waiting list for the Title XX Transportation program, and more recently for the Title III-C Home-Delivered Meals program. According to Council for Jewish Elderly, it is not uncommon for a Community Care Program participant who needs adult day service five days a week to only receive two, for someone who needs home delivered meals five days a week to only receive three, or for someone who needs personal care for twelve hours per week to only receive four. For these individuals, outside private funding is needed to purchase additional services.

High Cost of Care

There is a large group of survivors in Chicago who fall into another at-risk category – those with moderate fixed incomes too high to qualify for public benefit programs, but too low to afford the high cost of medications, in-home services, and other needed care. Consider, for example, that any individual with countable assets (including artwork and jewelry) greater than \$10,000 is not eligible for the Illinois Community Care Program, regardless of income level. Only those below the poverty level – 14% of the survivor population – are eligible for Qualified Low-Income Medicare Beneficiary (QMB), which covers premiums, deductibles and co-pays for health care and prescription medication.

Fifty-six percent of the population falls somewhere in between – above the poverty level but earning under \$50,000 annually, which does not go very far considering the high cost of care. In our community, hot kosher home delivered meals run \$9/meal, adult day services \$53/day, in-home personal care \$60 for 4 hours, assisted living \$108/day, a live-in companion \$150/day, and skilled nursing care \$220/day. This means that funds from the Claims Conference, the Weinberg Foundation, the Swiss Bank Settlement Fund, and partnering Chicago Federation agencies help support those who fall through the cracks, who are just above the eligibility guidelines for state subsidies, but not able to afford the full cost of the care they require. Such is the case for a survivor approved for emergency financial assistance this month whose out-of-pocket expenses for her blood clot medication totals \$865/month and another person whose new hearing aid cost \$4,000. Other case examples are presented on pages 6 and 7.

Disparate Proportion of Resources to Illinois

While 5% of survivors live in Illinois, 2.6% of total 2002 allocations from the Claims Conference went to Illinois and 3.5% of Claims Conference allocations for social services went to Illinois⁵ (See Table B). Also, as discussed above, the availability of publicly-funded community-based care for older adults varies by state. States with lower levels of state support for services, like Illinois, are in greater need of funding through organizations like the Claims Conference and the Swiss Bank Settlement Fund to care for frail survivors.

Table B: Comparison of 2002 Claims Conference Allocations, by State

	Total 2002 Allocation	Percent of Total Funds	2002 Allocation for Social Services Only	Percent of Social Service Funds	Distribution of Nazi Victims by State ⁶	Average Annual State Home and Community Based Service (HCBS) Expenditure Per Person 65+ ⁷
New York	6,211,413	43%	4,205,416	38.94%	42%	\$1,131
California	1,500,840	10.39%	1,385,840	12.83%	15%	\$301
Florida	1,745,355	12.08%	1,727,355	16.00%	8%	\$60
New Jersey	300,000	2.08%	300,000	2.80%	7%	\$216
Illinois	375,000	2.60%	375,000	3.50%	5%	\$163
Pennsylvania	306,372	2.12%	285,150	2.65%	4%	\$65
Ohio	330,300	2.29%	230,300	2.13%	3%	\$80
Maryland	435,000	3.01%	410,000	3.80%	3%	\$84
Massachusetts	270,000	1.87%	220,000	2.04%	2%	\$392
Michigan	125,000	0.87%	125,000	1.16%	2%	\$170
Connecticut	115,000	0.80%	90,000	0.83%	1%	N/A
Texas	125,220	0.87%	45,220	0.42%	1%	\$249
National Allocations	950,000	6.58%	950,000	8.80%	N/A	N/A
Other States	1,653,230	11.45%	451,730	4.18%	7%	N/A
Total	\$14,442,730	100%	\$10,801,011	100%	100%	N/A

Case Examples

Mrs. G. is a survivor who lived in Florida for many years with her husband. When she began to show signs of dementia, her husband assumed the role of full-time caregiver with assistance from the local Jewish Family Service. Following his death, she moved back to Chicago to live with her son in the far western suburbs. Although she does not need any physical assistance, she cannot be left alone while he is at work. In addition to memory loss and confusion, she becomes highly agitated when not around other people. A social worker from one of the HCS partnering agencies recommended the Adult Day Services program. Each day the son drops his mother off on the way to work and picks her up on his way home. As the day program is only scheduled for six hours per day, he had to make special arrangements for early drop-off, late pick-up, and an extra meal. Mrs. G. is thriving in the day program. The structured environment is geared towards individuals with dementia and the Jewish content is bringing back memories from before the War. However, this is a very costly service, especially with the additional hours and meals. Her son pays for all her expenses, including expensive medication, and he cannot afford the full cost of this service. A monthly subsidy from HCS enables her to attend the program and continue living with her son.

⁵ Grants listing on the Claims Conference web site, 12/03. Note that funding periods were not provided.

⁶ *A Plan for Allocating Resources to Successor Organizations* (2000), which utilized the Meed Registry.

⁷ Source for HCBS Data: *A Plan for Allocating Resources to Successor Organizations* (2000), 1996 Data.

Mr. S. is a concentration camp survivor from Poland who lives with his wife in a far northwest suburb. He has multiple health problems that confine him to a wheelchair and render him incapable of physically caring for himself. He requires 24-hour care. His wife is not able to physically lift him. She works full-time in order to pay their mortgage and living expenses, her health insurance (she is not yet 65 and is ineligible for Medicare), his medications and most of the cost of the 24-hour care that he needs. He is, however, cognitively intact and continues to pursue intellectual conversations and keeps current with the news, particularly concerning Israel. It is her belief that he would not survive one month in a nursing home because of his complex physical needs and delicate emotional state, and because of the lack of any intellectual stimulation to be found at the nursing homes near their home. Because of this strong belief, she has already taken out an additional mortgage on their home to pay for his care. However, it is not enough. Assistance from HCS allows them to pay for the remainder of his care and continue living at home.

PLAN FOR SERVICE DELIVERY

To address the needs outlined above, Chicago's Holocaust Community Services program is seeking a special allocation through the Swiss Bank Settlement Fund to provide expanded subsidized in-home services and emergency financial assistance to aging Jewish Nazi Victims living in the Chicago Metropolitan area. The overall goal of the program is to provide resources and support to needy, frail survivors, in order to maximize independence and prevent premature institutionalization. This funding will help provide additional subsidized services to survivors who are unable to pay in full and are presently not being adequately served.

In-Home and Community-Based Services: Because of the unique structure of the program in Chicago, the subsidized services that can be provided under the auspices of the Chicago Jewish community include adult day services, bathing/grooming, escort, home repair, housekeeping, kosher home delivered meals, medication management, laundry, shopping, and transportation. Case managers work with individual survivors and their families, conduct assessments, facilitate care and services, and provide counseling as needed.

Based on a November 2003 survey of HCS partner agency staff, one of the biggest service gaps is 24-hour care, a very costly but essential service for maintaining frail survivors in their own homes. Although HCS will be unable to fully subsidize round-the-clock care, there is a growing need to help families by partially subsidizing such care. Likewise, as the population ages, a new area for which funds will be utilized are subsidies to offset the high cost of assisted living.

Other in-home and community-based services to be expanded with the requested allocation include:

- *Adult Day Services*, providing structured socialization for frail elderly, including specialized dementia programs in two locations;
- *Transportation* – via our community's "Shalom buses", taxi or volunteers – to shopping, doctors, and group support programs;

- *Personal Care Services*, including assistance with bathing, laundry, housekeeping, shopping, and meal preparation as well as trained aides providing respite for family caregivers;
- *Home Delivered Meals*, hot, cold and frozen kosher meals.

Annual funding at the requested level will provide \$85,490⁸ to increase the number of frail survivors receiving subsidized in-home and community-based services. The projected yearly service delivery breakout made possible with Swiss Bank Settlement Funds is presented below:

	Units of Service	Average Subsidy/Unit ⁹	
Adult Day Services	333 Days	\$52.96	\$17,635
Home Delivered Meals	1976 Meals	\$5.95	\$11,757
Personal Care	3173 Hours	\$12.74	\$40,424
Transportation	1327 Rides	\$2.77	\$3,674
Subsidized Assisted Living	52 Weeks	\$230.77	\$12,000
		TOTAL:	\$85,490

Emergency Financial Assistance: A committee of local survivors oversees and directs requests for assistance. Examples of needs provided for include emergency food, rent, utility payments, air conditioners, clothing, specialized medical and dental equipment and services, and minor home repair. Staff also indicated a growing need for funds to cover supplemental insurance payments, Medicare deductibles, and insurance deductibles. Even with the recent one-time allocation of \$100,000 from the Swiss Bank Settlement through the Claims Conference, the need continues to exceed the available resources for this program. Of our total annual request, \$61,800¹⁰ will provide Emergency Financial Assistance to an additional 45 – 55 survivors each year who would otherwise not be served due to limited resources.

Group Support Services: Two weekly English-language “Coffee and Conversation” drop-in support groups provide socialization, and enable staff to establish trust with survivors in a non-threatening way. Weekly Russian-language support groups serve the same need for survivors who have recently emigrated from the former Soviet Union. These survivors face the added challenges of assimilating into a new culture and attempting to learn a new language as they grapple with all the physical and mental health challenges of old age. Currently, about 60 survivors participate in the groups in any given quarter. All of these groups are facilitated by social workers from the partnering agencies, who also provide information about reparations and compensation programs as well as linkage to in-home and community-based services. In the upcoming year, over 120 survivors will participate in these group services – an expansion which will be made possible, in part, with \$5,000 of our request from the Swiss Bank Settlement Fund.

⁸ We are requesting \$85,490 for subsidized concrete services for CY2005 – the first full year of the grant. The request for each subsequent year incorporates a 3% increase to offset inflation.

⁹ Average subsidy/unit is based on current HCS delivery statistics.

¹⁰ We are requesting \$61,800 for emergency financial assistance for CY2005 – the first full year of the grant. The request for each subsequent year incorporates a 3% increase to offset inflation.

Outreach to Survivors: Direct outreach to the survivor community will include an expansion of newspaper ads, brochures, flyers, information booths at community gatherings such as the Jewish Folk Arts Festival, and information enclosed in local survivor organization mailings. In addition, a new survivor newsletter, recommended by the Advisory Council, is planned for next year. The most effective type of outreach is person-to-person referral. This is the area in which the Community Advisory Council plays its biggest role. As their trust and comfort level with this program and with the staff have increased, Council members have become very effective in referring survivors for services. Additionally, many survivors have approached the agencies for assistance negotiating the maze of restitution applications only to reveal needs for additional services. Trust is earned through providing assistance with the claims forms; this then allows the survivors to trust that their other needs can be met as well.

HCS also offers a number of community programs each year, attracting as many as 90 survivors per program. Topics range from discussion of aging and health-related matters to holiday celebrations to the struggle for survivors to leave a meaningful legacy for the next generation. Intentionally less intensive an experience than the much smaller weekly drop-in groups, these programs attract survivors who are otherwise marginally connected with the survivor community. Many of these survivors now come to rely on these programs, and call upon the program staff for additional assistance during the intervening weeks. At the recommendation of the Advisory Council, the frequency of these programs will be increased in the coming year, and more survivors will be added to the committee that plans these events. To support this expansion, we are proposing to use \$2,000 per year from our total request.

Additional HCS services that will continue to be paid for with other funding sources are outlined below:

Support to Survivor Organizations: HCS staff invests significant resources in deepening relationships with existing local grassroots survivor organizations. These organizations require increasingly greater assistance in order to maintain the essential programming they provide to the survivor community. This assistance takes the form of help with mailings, planning events, and subsidizing the cost of events that allow for communal commemoration, reduce social isolation and provide meaningful and therapeutic socialization. Highlights of the year include the annual Yom HaShoah commemoration, the Yom Yerushalayim celebration, the "Celebration of Life Luncheon," and the Simchat Torah holiday celebration. Hundreds of survivors participate in these and other programs.

Education and Training for Professionals: In order to provide the best possible care to survivor clients, it is vitally important for agency staff, professional caregivers, nursing home and hospital staff to gain awareness and sensitivity to issues that may arise in their work with this population. HCS staff conducts orientation and training workshops for social workers, doctors, nurses, chaplains, administrators, therapists, student interns, and certified nursing assistants. In the community, these workshops also serve an outreach function; referrals increase as community professionals become aware of the needs of the survivors and the resources available to meet those needs. Books, articles and videos and other resources relating to serving the survivor community will also continue to be shared with professional staff through the Resource Library and Professional Staff Newsletter.

Advocacy/Community Relations: Given the recent growth of funds and resources available on an international level to survivors, an important part of this program is advocacy/community relations. In addition to the information provided by the Claims Conference, the Jewish Community Relations Council (JCRC), an arm of the Jewish Federation, works with national Jewish organizations to gather information about lawsuits, settlements, and claims processes.¹¹ The Federation's Government Affairs Program continues to advocate at the state and federal level. Past successes include the enactment of legislation in Illinois exempting restitution funds received by survivors from taxation, as well as from being counted in eligibility determination for public services. HIAS Chicago, JFCS and CJE staff continue to work together to disseminate information to survivors and their families through newspaper ads, mailings, and informational sessions and help them complete the various forms and applications.

PARTNERING ORGANIZATIONS

Jewish Federation of Metropolitan Chicago, founded in 1900, is one of the largest non-profit social welfare institutions in Illinois. Jewish Federation provides the critical resources that bring food, refuge, health care, education and emergency assistance to 300,000 people of all faiths throughout the Chicago area each year. Services are provided through our affiliate agencies – including Jewish Children's Bureau, Sinai Health System, Jewish Vocational Service, Jewish Community Centers of Chicago, Council for Jewish Elderly, and Jewish Family and Community Service – as well as a network of beneficiary and grantee organizations. In concert with our agencies, volunteers and partners, the Jewish Federation is a source of hope and help for people in need, working to ensure that necessities are provided for the most vulnerable members of our community – children, immigrants, the poor, the elderly, and individuals with disabilities. Jewish Federation also conducts community needs assessments, plans and develops new programs, and administers several community-wide initiatives.

Council for Jewish Elderly's (CJE) first commitment has always been to older adults in the Chicago Jewish community. CJE was developed in 1971 as the result of a communal planning effort undertaken by the Jewish Federation. The agency has at its core a deep commitment to Jewish communal values and the dignity of the older person. Today, the agency serves 19,000 older adults each year, through a constellation of care ranging from home and community based services to residential care. Services include adult day services, care management, counseling, home-delivered meals, in-home services, medication management, money management, resource services, transportation and community education. CJE also operates six independent living apartment buildings, three assisted living residences, and a 240-bed skilled nursing facility. CJE is unique in its role as a social service agency committed to promoting quality care on a broad scale through its research division, The Leonard Schanfield Research Institute, and its educational arm, The Center for Applied Gerontology. The agency has also developed numerous ties to the medical and academic communities.

¹¹ Due to an anticipated decrease in the need for advocacy over the next 3 – 5 years following the current surge in lawsuits and claims processes, the project budget shows 2006 as the final year of a \$14,000 allocation to JCRC.

Jewish Family and Community Service (JFCS), which was founded in 1859, provides social services to individuals and families in the city of Chicago and the suburbs. Assisting approximately 20,000 people every year, JFCS offers a range of preventive and therapeutic services. JFCS serves individuals who are struggling with issues involving personal and financial stress, pre-marital and marital concerns, parent/child issues, separation and divorce, remarriage, job changes, illness, aging, and loss of a loved one. Services include individual, couple and family counseling, Family Life Education discussion groups, and emergency financial assistance. JFCS also administers a number of specialized programs including the Keshev program, which serves deaf and hearing-impaired individuals and their families, the Virginia Frank Child Development Center, which provides preventive and therapeutic services to families with young children, the AIDS Service and Support Program of Jewish Federation, and the Jewish Healing Network of Chicago which provides resources and support to individuals facing illness and loss.

Resettlement of refugees and immigrants has always been an integral part of JFCS's service to the community. Under the management of JFCS, HIAS Chicago offers a broad spectrum of pre- and post-migration services, helps locate missing relatives and friends, and provides indemnification services for Holocaust survivors.

Organizational Structure

HCS is overseen by a Steering Committee comprised of senior staff from the three partnering agencies. The day-to-day management of the program is the responsibility of Jewish Family and Community Service and a Program Director who reports to the Steering Committee. In addition, a Professional Work Group of professionals from each of the partnering agencies meets regularly for program development, monitoring and trouble-shooting. The Community Advisory Council is comprised of survivors and adult children of survivors. The Council makes recommendations on the direction of the program and program policy, and helps develop ways to better serve the survivor community (See attached Letters of Support).

BUDGET

Other Sources of Funding:

- Special grants through ICHEIC and Swiss Bank Settlement: HCS currently has a \$100,800 special allocation from ICHEIC through the Claims Conference for 2003 – 2004 to support service subsidies and social worker salaries, as well as a \$100,000 one-time allocation for emergency financial assistance through the Swiss Bank Settlement Fund, both of which expire in December of 2004.
- Harry and Jeanette Weinberg Foundation: Survivors in our community have benefited from a \$150,000/year grant from the Harry and Jeanette Weinberg Foundation, now in its second three-year cycle. Due to a history of time-limited program support, we fully expect 2006 to mark the final year of the Weinberg grant. The loss of this support coincides with an increased demand for service, as significant numbers of survivors in our community enter their 80's.
- Jewish Federation and Partnering Agencies: HCS partnering organizations will continue to make in-kind contributions to pay for rent, telephone, staff travel, office

supplies, administrative assistance, executive oversight and other professional staff time. In addition, with the expiration of the Weinberg grant in 2006, we plan to leverage additional resources from the Federation, the agencies, and the Claims Conference core grant to offset the costs of the program director and six social workers who provide assessment, counseling, case management, and advocacy.

- Claims Conference: HCS has received a \$375,000 core allocation for social services and a \$55,000 grant for emergency financial assistance from the Claims Conference, renewed annually. To address the inequity in community allocations described on page 6, the budgets presented reflect Chicago's plan to seek an increased core allocation from the Claims Conference.

Request from the Swiss Bank Settlement Fund:

Funding requested through the Swiss Bank Settlement Fund will be critical in expanding the safety net for the neediest survivors. As detailed in the attached budgets, we are requesting a 7.5 year special allocation totaling \$1,715,665 from the Swiss Bank Settlement Fund for the period July 1, 2004 – December 31, 2011. The majority of this funding (about \$147,000 each year)¹² will be utilized to expand subsidized in-home services and emergency financial assistance to our aging and increasingly frail survivor population. In addition, \$5,000¹³ will be used to expand group socialization services and \$2,000¹⁴ to expand community programs and outreach to the survivor community. Beginning in 2007, Swiss Bank Settlement funding will also be utilized to expand staffing by hiring 1.5 FTE new Case Managers to address increased needs.

ATTACHMENTS

- A. Proposed Project Budget: 2004 -2011
- B. Letters of Support/Endorsement
- C. Jewish Federation of Metropolitan Chicago Audited Financial Statement
- D. Jewish Federation of Metropolitan Chicago Annual Report

¹² Plus 3% annual increase.

¹³ Plus 3% annual increase.

¹⁴ Plus 3% annual increase.

HOLOCAUST COMMUNITY SERVICES

SUMMARY BUDGET: 2004 - 2011

	Year 1 2004	Year 2 2005	Year 3 2006	Year 4 2007	Year 5 2008	Year 6 2009	Year 7 2010	Year 8 2011	TOTAL
REVENUE									
Request from Swiss Bank Settlement	\$55,870 *	\$181,970	\$187,429	\$243,052	\$250,344	\$257,854	\$265,589	\$273,557	\$1,715,665
Claims Conference (estimated)	\$375,000	\$386,250	\$397,838	\$497,678	\$512,608	\$527,986	\$543,826	\$560,141	\$3,801,326
ICHEIC	\$60,800	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$60,800
Swiss Fund Emergency Assistance	\$60,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$60,000
Claims Conference Emergency Assistance	\$55,000	\$55,000	\$55,000	\$55,000	\$55,000	\$55,000	\$55,000	\$55,000	\$440,000
Harry and Jeanette Weinberg Foundation	\$150,000	\$150,000	\$150,000	\$0	\$0	\$0	\$0	\$0	\$450,000
Special Allocation from Jewish Federation	\$0	\$0	\$0	\$50,000	\$51,500	\$53,045	\$54,636	\$56,275	\$265,456
Agency Contributions	\$100,000	\$103,000	\$106,090	\$109,273	\$112,551	\$115,927	\$119,405	\$122,987	\$889,234
TOTAL REVENUE:	\$856,670	\$876,220	\$896,357	\$955,002	\$982,002	\$1,009,812	\$1,038,457	\$1,067,961	\$7,682,481
EXPENSES									
PERSONNEL:									
Program Director (1.0 FTE)	\$55,000	\$56,350	\$57,741	\$59,173	\$60,948	\$62,776	\$64,660	\$66,599	\$483,246
Social Workers (6.0 FTE)	\$216,500	\$221,495	\$226,640	\$233,439	\$240,442	\$247,655	\$255,085	\$262,738	\$1,903,994
Care Managers (1.5 FTE)	\$0	\$0	\$0	\$39,370	\$40,551	\$41,768	\$43,021	\$44,311	\$209,021
Fringe Benefits (27%)	\$271,500	\$277,845	\$284,380	\$331,982	\$341,941	\$352,199	\$362,765	\$373,648	\$2,596,262
Total Personnel Expenses:	\$73,305	\$75,018	\$76,783	\$89,635	\$92,324	\$95,094	\$97,947	\$100,885	\$700,991
PROGRAM COSTS:	\$344,805	\$352,863	\$361,163	\$421,617	\$434,265	\$447,293	\$460,712	\$474,533	\$3,297,252
Subsidized In-Home Services	\$242,750	\$248,840	\$255,113	\$261,574	\$269,421	\$277,503	\$285,829	\$294,403	\$2,135,432
Emergency Financial Assistance	\$115,000	\$116,800	\$118,654	\$120,564	\$122,531	\$124,556	\$126,643	\$128,792	\$973,540
Group Services	\$15,000	\$15,300	\$15,609	\$15,927	\$16,405	\$16,897	\$17,404	\$17,926	\$130,469
Community Programs & Outreach to Survivors	\$9,500	\$9,605	\$9,713	\$9,825	\$10,119	\$10,423	\$10,736	\$11,058	\$80,978
Support to Survivor Organizations	\$12,000	\$12,150	\$12,305	\$12,464	\$12,838	\$13,223	\$13,619	\$14,028	\$102,626
Travel/Conferences	\$2,000	\$2,023	\$2,046	\$2,070	\$2,132	\$2,196	\$2,261	\$2,329	\$17,056
Printing/Mailing	\$1,500	\$1,523	\$1,546	\$1,570	\$1,617	\$1,665	\$1,715	\$1,767	\$12,901
Miscellaneous	\$115	\$117	\$119	\$121	\$125	\$128	\$132	\$136	\$993
Jewish Community Relations Council-Advocacy	\$14,000	\$14,000	\$14,000	\$0	\$0	\$0	\$0	\$0	\$42,000
Total Non-Personnel Expenses:	\$411,865	\$420,357	\$429,104	\$424,113	\$435,186	\$446,592	\$458,339	\$470,440	\$3,495,995
INDIRECT COSTS	\$100,000	\$103,000	\$106,090	\$109,273	\$112,551	\$115,927	\$119,405	\$122,987	\$889,234
TOTAL EXPENSES	\$856,670	\$876,220	\$896,357	\$955,002	\$982,002	\$1,009,812	\$1,038,457	\$1,067,961	\$7,682,481

* Annual calendar year budgets are presented, but note that a start date of 7/1/04 for the Swiss Bank Settlement funds is projected. The total request of \$1,715,665 from the Swiss Bank Settlement represents a 7.5 year allocation.

HOLOCAUST COMMUNITY SERVICES
PROJECTED ANNUAL OPERATING BUDGET
 Year 1: CY2004

	Request from Swiss Bank Settlement*	Claims Conference	ICHEIC**	Swiss Fund Emergency Financial Assistance***	Claims Emergency Finan Assist	Weinberg Foundation	Contribution from Agencies	TOTAL
PERSONNEL:								
Program Director (1.0 FTE)	\$0	\$45,000	\$0	\$0	\$0	\$10,000	\$0	\$55,000
Social Workers (6.0 FTE)	\$0	\$145,500	\$21,000	\$0	\$0	\$50,000	\$0	\$216,500
Subtotal:	\$0	\$190,500	\$21,000	\$0	\$0	\$60,000	\$0	\$271,500
Fringe Benefits (27%)	\$0	\$51,435	\$5,670	\$0	\$0	\$16,200	\$0	\$73,305
Total Personnel Expenses:	\$0	\$241,935	\$26,670	\$0	\$0	\$76,200	\$0	\$344,805
PROGRAM COSTS:								
Subsidized In-home Services	\$48,870	\$120,000	\$34,130	\$0	\$0	\$39,750	\$0	\$242,750
Emergency Financial Assistance	\$0	\$0	\$0	\$60,000	\$55,000	\$0	\$0	\$115,000
Group Services	\$5,000	\$5,000	\$0	\$0	\$0	\$5,000	\$0	\$15,000
Community Programs & Outreach to Survivors	\$2,000	\$1,500	\$0	\$0	\$0	\$6,000	\$0	\$9,500
Support to Survivor Organizations	\$0	\$5,000	\$0	\$0	\$0	\$7,000	\$0	\$12,000
Travel/Conferences	\$0	\$750	\$0	\$0	\$0	\$1,250	\$0	\$2,000
Printing/Mailing	\$0	\$750	\$0	\$0	\$0	\$750	\$0	\$1,500
Miscellaneous	\$0	\$65	\$0	\$0	\$0	\$50	\$0	\$115
Jewish Community Relations Council-Advocacy	\$0	\$0	\$0	\$0	\$0	\$14,000	\$0	\$14,000
Total Non-Personnel Expenses:	\$55,870	\$133,065	\$34,130	\$60,000	\$55,000	\$73,800	\$0	\$411,865
INDIRECT COSTS****	\$0	\$0	\$0	\$0	\$0	\$0	\$100,000	\$100,000
TOTAL EXPENSES	\$55,870	\$375,000	\$60,800	\$60,000	\$55,000	\$150,000	\$100,000	\$856,670

*We project a start date of 7/1/04 for the Swiss Bank Settlement Funds -- calendar year 2004 reflects a six month request.

**Special 18-month \$100,800 allocation awarded 7/03 which must be spent by 12/31/04.

***One-time \$100,000 allocation awarded 7/03 which must be spent by 12/31/04.

****Includes all expenses for occupancy, office supplies, administrative assistance, executive oversight and other professional staff time.

HOLOCAUST COMMUNITY SERVICES
PROJECTED ANNUAL OPERATING BUDGET
 Year 2: CY 2005

	Request from Swiss Bank Settlement	Claims Conference (estimated)	Claims Emergency Finan Assist	Weinberg Foundation	Contribution from Agencies	TOTAL
PERSONNEL:						
Program Director (1.0 FTE)	\$0	\$46,350	\$0	\$10,000	\$0	\$56,350
Social Workers (6.0 FTE)	\$21,630	\$149,865	\$0	\$50,000	\$0	\$221,495
	\$21,630	\$196,215	\$0	\$60,000	\$0	\$277,845
Fringe Benefits (27%)	\$5,840	\$52,978	\$0	\$16,200	\$0	\$75,018
Total Personnel Expenses:	\$27,470	\$249,193	\$0	\$76,200		\$352,863
PROGRAM COSTS:						
Subsidized In-home Services	\$85,490	\$123,600	\$0	\$39,750	\$0	\$248,840
Emergency Financial Assistance	\$61,800	\$0	\$55,000	\$0	\$0	\$116,800
Group Services	\$5,150	\$5,150	\$0	\$5,000	\$0	\$15,300
Community Programs & Outreach to Survivors	\$2,060	\$1,545	\$0	\$6,000	\$0	\$9,605
Support to Survivor Organizations	\$0	\$5,150	\$0	\$7,000	\$0	\$12,150
Travel/Conferences	\$0	\$773	\$0	\$1,250	\$0	\$2,023
Printing/Mailing	\$0	\$773	\$0	\$750	\$0	\$1,523
Miscellaneous	\$0	\$67	\$0	\$50	\$0	\$117
Jewish Community Relations Council-Advocacy	\$0	\$0	\$0	\$14,000	\$0	\$14,000
Total Non-Personnel Expenses:	\$154,500	\$137,057	\$55,000	\$73,800	\$0	\$420,357
INDIRECT COSTS**	\$0	\$0	\$0	\$0	\$103,000	\$103,000
TOTAL EXPENSES	\$181,970	\$386,250	\$55,000	\$150,000	\$103,000	\$876,220

**Includes all expenses for occupancy, office supplies, administrative assistance, executive oversight and other professional staff time.

HOLOCAUST COMMUNITY SERVICES
PROJECTED ANNUAL OPERATING BUDGET
 Year 3: CY2006

	Request from Swiss Bank Settlement	Claims Conference (estimated)	Claims Emergency Finan Assist	Weinberg Foundation*	Contribution from Agencies	TOTAL
PERSONNEL:						
Program Director (1.0 FTE)	\$0	\$47,741	\$0	\$10,000	\$0	\$57,741
Social Workers (6.0 FTE)	\$22,279	\$154,361	\$0	\$50,000	\$0	\$226,640
	\$22,279	\$202,101	\$0	\$60,000	\$0	\$284,380
Fringe Benefits (27%)	\$6,015	\$54,567	\$0	\$16,200	\$0	\$76,783
Total Personnel Expenses:	\$28,294	\$256,669	\$0	\$76,200	\$0	\$361,163
PROGRAM COSTS:						
Subsidized In-home Services	\$88,055	\$127,308	\$0	\$39,750	\$0	\$255,113
Emergency Financial Assistance	\$63,654	\$0	\$55,000	\$0	\$0	\$118,654
Group Services	\$5,305	\$5,305	\$0	\$5,000	\$0	\$15,609
Community Programs & Outreach to Survivors	\$2,122	\$1,591	\$0	\$6,000	\$0	\$9,713
Support to Survivor Organizations	\$0	\$5,305	\$0	\$7,000	\$0	\$12,305
Travell/Conferences	\$0	\$796	\$0	\$1,250	\$0	\$2,046
Printing/Mailing	\$0	\$796	\$0	\$750	\$0	\$1,546
Miscellaneous	\$0	\$69	\$0	\$50	\$0	\$119
Jewish Community Relations Council-Advocacy	\$0	\$0	\$0	\$14,000	\$0	\$14,000
Total Non-Personnel Expenses:	\$159,135	\$141,169	\$55,000	\$73,800	\$0	\$429,104
INDIRECT COSTS**						
	\$0	\$0	\$0	\$0	\$106,090	\$106,090
TOTAL EXPENSES	\$187,429	\$397,838	\$55,000	\$150,000	\$106,090	\$896,357

*Final year of grant from the Harry and Jeanette Weinberg Foundation

**Includes all expenses for occupancy, office supplies, administrative assistance, executive oversight and other professional staff time.

**HOLOCAUST COMMUNITY SERVICES
PROJECTED ANNUAL OPERATING BUDGET
Year 4: CY 2007**

	Request from Swiss Bank Settlement	Claims Conference (estimated)*	Claims Emergency Finan Assist	Special Grant from Jewish Federation**	Contribution from Agencies	TOTAL
PERSONNEL:						
Program Director (1.0 FTE)	\$0	\$49,173	\$0	\$10,000	\$0	\$59,173
Social Workers (6.0 FTE)	\$22,947	\$181,122	\$0	\$29,370	\$0	\$233,439
Care Managers (1.5 FTE)	\$39,370	\$0	\$0	\$0	\$0	\$39,370
Subtotal:	\$62,317	\$230,294	\$0	\$39,370	\$0	\$331,982
Fringe Benefits (27%)	\$16,826	\$62,180	\$0	\$10,630	\$0	\$89,635
Total Personnel Expenses:	\$79,143	\$292,474	\$0	\$50,000	\$0	\$421,617
PROGRAM COSTS:						
Subsidized In-Home Services	\$90,696	\$170,877	\$0	\$0	\$0	\$261,574
Emergency Financial Assistance	\$65,564	\$0	\$55,000	\$0	\$0	\$120,564
Group Services	\$5,464	\$10,464	\$0	\$0	\$0	\$15,927
Community Programs & Outreach to Survivors	\$2,185	\$7,639	\$0	\$0	\$0	\$9,825
Support to Survivor Organizations	\$0	\$12,464	\$0	\$0	\$0	\$12,464
Travel/Conferences	\$0	\$2,070	\$0	\$0	\$0	\$2,070
Printing/Mailing	\$0	\$1,570	\$0	\$0	\$0	\$1,570
Miscellaneous	\$0	\$121	\$0	\$0	\$0	\$121
Jewish Community Relations Council	\$0	\$0	\$0	\$0	\$0	\$0
Total Non-Personnel Expenses:	\$163,909	\$205,204	\$55,000	\$0	\$0	\$424,113
INDIRECT COSTS**						
	\$0	\$0	\$0	\$0	\$109,273	\$109,273
TOTAL EXPENSES	\$243,052	\$497,678	\$55,000	\$50,000	\$109,273	\$955,002

*We will seek an increased core allocation from the Claims Conference to address the increased need and disparate proportion of resources to Illinois.

**Additional communal dollars to be committed to address the increased need among this population.

***Includes all expenses for occupancy, office supplies, administrative assistance, executive oversight and other professional staff time.

HOLOCAUST COMMUNITY SERVICES
PROJECTED ANNUAL OPERATING BUDGET
 Year 5: CY 2008

	Request from Swiss Bank Settlement	Claims Conference (estimated)	Claims Emergency Finan Assist	Special Grant from Jewish Federation	Contribution from Agencies	TOTAL
PERSONNEL:						
Program Director (1.0 FTE)	\$0	\$50,648	\$0	\$10,300	\$0	\$60,948
Social Workers (6.0 FTE)	\$23,636	\$186,555	\$0	\$30,251	\$0	\$240,442
Care Managers (1.5 FTE)	\$40,551	\$0	\$0	\$0	\$0	\$40,551
Subtotal:	\$64,187	\$237,203	\$0	\$40,551	\$0	\$341,941
Fringe Benefits (27%)	\$17,330	\$64,045	\$0	\$10,949	\$0	\$92,324
Total Personnel Expenses:	\$81,517	\$301,248	\$0	\$51,500	\$0	\$434,265
PROGRAM COSTS:						
Subsidized In-Home Services	\$93,417	\$176,004	\$0	\$0	\$0	\$269,421
Emergency Financial Assistance	\$67,531	\$0	\$55,000	\$0	\$0	\$122,531
Group Services	\$5,628	\$10,778	\$0	\$0	\$0	\$16,405
Community Programs & Outreach to Survivors	\$2,251	\$7,868	\$0	\$0	\$0	\$10,119
Support to Survivor Organizations	\$0	\$12,838	\$0	\$0	\$0	\$12,838
Travel/Conferences	\$0	\$2,132	\$0	\$0	\$0	\$2,132
Printing/Mailing	\$0	\$1,617	\$0	\$0	\$0	\$1,617
Miscellaneous	\$0	\$125	\$0	\$0	\$0	\$125
Jewish Community Relations Council	\$0	\$0	\$0	\$0	\$0	\$0
Total Non-Personnel Expenses:	\$168,826	\$211,360	\$55,000	\$0	\$0	\$435,186
INDIRECT COSTS**						
	\$0	\$0	\$0	\$0	\$112,551	\$112,551
TOTAL EXPENSES	\$250,344	\$512,608	\$55,000	\$51,500	\$112,551	\$982,002

**Includes all expenses for occupancy, office supplies, administrative assistance, executive oversight and other professional staff time.

HOLOCAUST COMMUNITY SERVICES
PROJECTED ANNUAL OPERATING BUDGET
 Year 6: CY 2009

	Request from Swiss Bank Settlement	Claims Conference (estimated)	Claims Emergency Finan Assist	Special Grant from Jewish Federation	Contribution from Agencies	TOTAL
PERSONNEL:						
Program Director (1.0 FTE)	\$0	\$52,167	\$0	\$10,609	\$0	\$62,776
Social Workers (6.0 FTE)	\$24,345	\$192,152	\$0	\$31,159	\$0	\$247,655
Care Managers (1.5 FTE)	\$41,768	\$0	\$0	\$0	\$0	\$41,768
Subtotal:	\$66,112	\$244,319	\$0	\$41,768	\$0	\$352,199
Fringe Benefits (27%)	\$17,850	\$65,966	\$0	\$11,277	\$0	\$95,094
Total Personnel Expenses:	\$83,963	\$310,286	\$0	\$53,045	\$0	\$447,293
PROGRAM COSTS:						
Subsidized In-Home Services	\$96,220	\$181,284	\$0	\$0	\$0	\$277,503
Emergency Financial Assistance	\$69,556	\$0	\$55,000	\$0	\$0	\$124,556
Group Services	\$5,796	\$11,101	\$0	\$0	\$0	\$16,897
Community Programs & Outreach to Survivors	\$2,319	\$8,104	\$0	\$0	\$0	\$10,423
Support to Survivor Organizations	\$0	\$13,223	\$0	\$0	\$0	\$13,223
Travel/Conferences	\$0	\$2,196	\$0	\$0	\$0	\$2,196
Printing/Mailing	\$0	\$1,665	\$0	\$0	\$0	\$1,665
Miscellaneous	\$0	\$128	\$0	\$0	\$0	\$128
Jewish Community Relations Council	\$0	\$0	\$0	\$0	\$0	\$0
Total Non-Personnel Expenses:	\$173,891	\$217,701	\$55,000	\$0	\$0	\$446,592
INDIRECT COSTS**						
	\$0	\$0	\$0	\$0	\$115,927	\$115,927
TOTAL EXPENSES	\$257,854	\$527,986	\$55,000	\$53,045	\$115,927	\$1,009,812

**Includes all expenses for occupancy, office supplies, administrative assistance, executive oversight and other professional staff time.

**HOLOCAUST COMMUNITY SERVICES
PROJECTED ANNUAL OPERATING BUDGET
Year 7: CY 2010**

	Request from Swiss Bank Settlement	Claims Conference (estimated)	Claims Emergency Finan Assist	Special Grant from Jewish Federation	Contribution from Agencies	TOTAL
PERSONNEL:						
Program Director (1.0 FTE)	\$0	\$53,732	\$0	\$10,927	\$0	\$64,660
Social Workers (6.0 FTE)	\$25,075	\$197,917	\$0	\$32,093	\$0	\$255,085
Care Managers (1.5 FTE)	\$43,021	\$0	\$0	\$0	\$0	\$43,021
	\$68,096	\$251,649	\$0	\$43,021	\$0	\$362,765
	\$18,386	\$67,945	\$0	\$11,616	\$0	\$97,947
Fringe Benefits (27%)	\$86,482	\$319,594	\$0	\$54,636	\$0	\$460,712
Total Personnel Expenses:						
	\$0	\$0				
	\$0	\$0				
PROGRAM COSTS:						
Subsidized In-Home Services	\$99,106	\$186,722	\$0	\$0	\$0	\$285,829
Emergency Financial Assistance	\$71,643	\$0	\$55,000	\$0	\$0	\$126,643
Group Services	\$5,970	\$11,434	\$0	\$0	\$0	\$17,404
Community Programs & Outreach to Survivors	\$2,388	\$8,347	\$0	\$0	\$0	\$10,736
Support to Survivor Organizations	\$0	\$13,619	\$0	\$0	\$0	\$13,619
Travel/Conferences	\$0	\$2,261	\$0	\$0	\$0	\$2,261
Printing/Mailing	\$0	\$1,715	\$0	\$0	\$0	\$1,715
Miscellaneous	\$0	\$132	\$0	\$0	\$0	\$132
Jewish Community Relations Council	\$0	\$0	\$0	\$0	\$0	\$0
Total Non-Personnel Expenses:	\$179,108	\$224,232	\$55,000	\$0	\$0	\$458,339
	\$0	\$0				
INDIRECT COSTS**	\$0	\$0	\$0	\$0	\$119,405	\$119,405
TOTAL EXPENSES	\$265,589	\$543,826	\$55,000	\$54,636	\$119,405	\$1,038,457

**Includes all expenses for occupancy, office supplies, administrative assistance, executive oversight and other professional staff time.

**HOLOCAUST COMMUNITY SERVICES
PROJECTED ANNUAL OPERATING BUDGET
Final Allocation: CY 2011***

	Request from Swiss Bank Settlement	Claims Conference (estimated)	Claims Emergency Finan Assist	Special Grant from Jewish Federation	Contribution from Agencies	TOTAL
PERSONNEL:						
Program Director (1.0 FTE)	\$0	\$55,344	\$0	\$11,255	\$0	\$66,599
Social Workers (6.0 FTE)	\$25,827	\$203,854	\$0	\$33,056	\$0	\$262,738
Care Managers (1.5 FTE)	\$44,311	\$0	\$0	\$0	\$0	\$44,311
	\$70,139	\$259,198	\$0	\$44,311	\$0	\$373,648
	\$18,937	\$69,984	\$0	\$11,964	\$0	\$100,885
	\$89,076	\$329,182	\$0	\$56,275	\$0	\$474,533
Total Personnel Expenses:						
PROGRAM COSTS:						
Subsidized In-Home Services	\$102,080	\$192,324	\$0	\$0	\$0	\$294,403
Emergency Financial Assistance	\$73,792	\$0	\$55,000	\$0	\$0	\$128,792
Group Services	\$6,149	\$11,777	\$0	\$0	\$0	\$17,926
Community Programs & Outreach to Survivors	\$2,460	\$8,598	\$0	\$0	\$0	\$11,058
Support to Survivor Organizations	\$0	\$14,028	\$0	\$0	\$0	\$14,028
Travel/Conferences	\$0	\$2,329	\$0	\$0	\$0	\$2,329
Printing/Mailing	\$0	\$1,767	\$0	\$0	\$0	\$1,767
Miscellaneous	\$0	\$136	\$0	\$0	\$0	\$136
Jewish Community Relations Council	\$0	\$0	\$0	\$0	\$0	\$0
Total Non-Personnel Expenses:	\$184,481	\$230,959	\$55,000	\$0	\$0	\$470,440
INDIRECT COSTS**	\$0	\$0	\$0	\$0	\$122,987	\$122,987
TOTAL EXPENSES	\$273,557	\$560,141	\$55,000	\$56,275	\$122,987	\$1,067,961

*We will re-assess community needs and seek alternative sources of funding, if needed, following the 7.5 year allocation from the Swiss Bank Settlement Fund.

**Includes all expenses for occupancy, office supplies, administrative assistance, executive oversight and other professional staff time.

ATTACHMENT D

NARRATIVE FOR HOLOCAUST SURVIVOR SERVICES PROJECTION TO 2010

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A large proportion of elderly survivors have disabilities which require daily in-home care assistance and expensive medical care. Many of the survivors, particularly those from the former Soviet Union, require substantial financial assistance.

More than half the households of survivors have incomes under \$25,000 and would be considered part of the working poor. Their incomes are a little higher than the poverty level which makes them ineligible for Medicaid and other government programs. Most of the survivors from the former Soviet Union have household incomes of less than \$10,000.

More than half of the survivors live in rental units. Rents for one-bedroom apartments range from \$700 to over \$1,000 per month. There is a grave lack of government subsidized housing in Los Angeles.

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Today, more than 34 million adults are over the age of 65 and 4 million people in the U.S. are over the age of 85. As people live longer, they are experiencing chronic illnesses and that often accompany the aging process. Holocaust survivors, who are dealing with the onset of chronic illnesses associated with age, have additional special needs due to their survivor status that requires complicated care. According to the Jewish Federation of Greater Los Angeles, there are approximately 11,000 Holocaust survivors in Los Angeles County. Although this population is declining as the years progress, their service needs increase as they get older. Many Holocaust survivors are at-risk, due to increased social isolation, illness and limited financial resources. Increased frailty and financial vulnerability often provoke feelings of helplessness and vulnerability that were experienced during the Holocaust. This impacts the coping abilities of many survivors and may make it difficult for aging Holocaust survivors to remain self-sufficient, make independent choices, and maintain a dignified quality of life. Many of the survivors require social services to help them handle these issues. Among the survivor population needing assistance, approximately 25% of the frailest elderly need care management services, due to a variety of mental and physical disabilities. There is also a significant rise in survivors who are most frail, particularly those needing assistance with in-home care. We are seeing a trend in the number of survivors who did not need services in the past, but are now becoming frail and are in need of services (social services, financial aid and health care), as they grow older. We expect this trend to continue through 2010. Due to their trust in JFS, more Holocaust survivors are asking for and accepting help. JFS is gratified that we are able to continually answer this need.

IN-HOME CARE

Two-thirds of our Holocaust survivors for whom we provide in-home care assistance fall into the category of working poor. These Holocaust survivors earn slightly too much money and have slightly more assets which disqualify them for public benefits such as SSI, Medicaid (MediCal), and In Home Supportive Services (IHSS). Therefore, for approximately two-thirds of Holocaust survivors in Los Angeles, funding for home care and financial assistance falls onto the shoulders of the Holocaust survivors themselves and their families. The only other source of assistance is the programs funded through the Claims Conference.

Another group of Holocaust survivors, many of whom are Russian speaking and immigrated to the United States after 1965, qualify for SSI, MediCal and IHSS. These are the survivors who are most at-risk and will bear the brunt of the reduced proposed California state budget. As reported in the NEW YORK TIMES, January 18, 2004

edition, the proposed California budget would "reduce state payments for in-home care of the elderly (IHSS) and suspend the scheduled 2005 cost-of-living increase in the state's share of the SSI program. In addition, the governor is proposing a 10% reduction in fees to medical providers in the MediCal program, possibly limiting access to medical care and prescription drugs for this population.

In-home attendant and homemaker services are important services for Holocaust survivors. Our current clients are now requiring increased hours of care and we are continuing to receive requests from new clients for care. It is projected that rising needs for in-home care will continue and that costs for providing this care will continue to rise. We expect to experience a 10% increase in costs for in-home care. Our current costs average \$17.00 per hour for homemaker/chore service and \$15.00 per hours for personal attendant care. In 2003, 52 of our clients only received 4 hours of home care every other week and 69 of our clients received 4 hours of home care every week. Of these, all clients would have benefited from additional care for a total amount of \$204,000.

PRESCRIPTION DRUGS AND COST OF HEALTH CARE:

As noted above, due to the unsure funding of the California State Budget, Holocaust Survivors who are MediCal recipients may be at risk for discontinued coverage of some medications which are now currently paid for by MediCal.

However, for those survivors who are currently beneficiaries of Medicare HMOs, prescription drug coverage has been profoundly reduced in 2004. Many of the two-thirds of our survivors who are not covered by MediCal are beneficiaries of HMOs. In 2004, the biggest HMO provider in Los Angeles is no longer providing payment for the name brand prescription drugs which many of our Holocaust survivors must take. For instance, many survivors take Protonix, Cozaar, and Fosomax, drugs previously paid for under HMO coverage. In 2004, survivors will have to pay out-of-pocket for these medications. Protonix costs \$339.00 per 100, Cozaar costs \$189.00 per 100 and Fosomax costs \$350.00 per 100. Because many survivors have multiple complicated and chronic health problems which are controlled by multiple medications, it is not unusual for Survivors to have prescription medication bills of \$800.00 per month. Without financial assistance from grants from the Claims Conference, many survivors would have to forego vital prescription medications.

Costs for HMO co-payments for hospital services has dramatically risen this year. For instance, the largest HMO will now charge \$200.00 per day for in-patient hospitalization. It is not unusual for patients to stay 3 days in treatment for in-patient care. The cost for one in-patient hospitalization would be \$600.00. One can only imagine if there are multiple in-patient hospitalizations how the costs could escalate, impoverishing Holocaust survivors who often need more intensive in-patient hospitalizations than the general aging population.

HOUSING: Most survivors in Los Angeles who receive financial assistance from the Claims Conference are renters. The Federal government acknowledges that there is a

lack of affordable rental units in Los Angeles, particularly in the areas where most survivors reside. Holocaust survivors are reluctant to move out of their neighborhoods in which they have lived for many years. The average 1 bedroom unit costs about \$1000 per month. Many of our clients have incomes of \$700 to \$1000 per month and are spending down their savings. Many survivors must choose between paying rent and buying food or medication.

ADULT DAY CARE: Adult Day Health Care (ADHC) and Adult Day Alzheimer's Care (ADC) are recognized strategies for helping older and disabled individuals to live at-home, thus avoiding costly and demeaning institutionalization. These Programs providing meaningful activities for their participants and, just as importantly, provide respite for their overburdened caregivers, many of whom are themselves Holocaust survivors. Clients also get basic nursing care, occupational therapy, speech therapy and other critical services. Currently, JFS has no funding to provide ADHC and ADC for Holocaust Survivors. These programs cost approximately \$68.50 per day and may be attended daily. At least ten Holocaust Survivors were unable to attend this program during 2004. An additional \$206,000 would have allowed 12 survivors to participate in 2004. As the population ages, we expect this unmet need to increase.

IV. Implementation

JFS already provides many services to survivors but in order to provide additional services to a growing needy population of survivors it would have to expand staff. It would not require setting up a new program.

Our JFS already provides older adults, including survivors, with many programs as discussed including friendly visitors, meals programs, transportation, telephone reassurance and limited respite. However, there is no funding to cover the greater needs for survivors as they become frailer and spend down their savings paying for home care and medications.

Currently, JFS reviews all cases to assess and reassess need for services. In the case of the Holocaust Survivor Program, there is an Advisory Board of Holocaust survivors that reviews the program, addresses policy issues about how to deal with limited resources, and to assure that survivors' needs are met.

V. Projected needs for the next 7 years.

JFS needs an additional \$669,912 per year to address the needs identified among our current clients and to address the needs of our survivor population who will become increasingly frail. Over seven years, accounting for inflation at only 3% per year, the total additional need is \$5,133,000. In addition to an expansion of three care management staff (\$180,000), this additional money is made up of an additional \$204,412 of in-home care per year; \$30,000 of additional transportation assistance per year; an additional \$50,000 per year to help pay for medications and other medical expenses; and an additional \$205,500 per year to pay for Adult Day Health Care, a

service, which is now not paid for by the Claims Conference.

Summary of Projected Need:

Additional need for current and new clients, including expanded staffing for 2004 is:
\$669,912

7 years additional needs beyond 2004: \$5,287,171. This figure assumes that we will continue to also receive the current funding level which the Claims Conference grants to us.

The total additional needs over 8 years (2004 –2011) including 2004: \$5,957,083

NARRATIVE FOR HOLOCUAST SURVIVOR SERVICES PROJECTION TO 2010

I. Los Angeles Holocaust Survivor Population.

Based on the 2000 Jewish Federation of Greater Los Angeles Demographic study, the number of Holocaust survivors living in Los Angeles County was 12,000.

In 2000, approximately one half of the survivors lived alone and were over 80 years old. Today, over one half of the survivors are over 80 and live alone. Of the survivors who are under 80 years old, approximately one quarter are Child Survivors who range in age from 60 to 79 years old and approximately one quarter are refugees from the former Soviet Union who immigrated to the United States after 1965.

A large proportion of elderly survivors have disabilities which require daily in-home care assistance and expensive medical care. Many of the survivors, particularly those from the former Soviet Union, require substantial financial assistance.

More than half the households of survivors have incomes under \$25,000 and would be considered part of the working poor. Their incomes are a little higher than the poverty level which makes them ineligible for Medicaid and other government programs. Most of the survivors from the former Soviet Union have household incomes of less than \$10,000.

More than half of the survivors live in rental units. Rents for one-bedroom apartments range from \$700 to over \$1,000 per month. There is a grave lack of government subsidized housing in Los Angeles.

II. Current Services

Since July 1997 when Jewish Family Service received its first grants from the Claims Conference to provide expanded services to Holocaust survivors, JFS has assisted 970 survivors with a variety of services. In addition, the agency has helped an additional 3,000 survivors process and file claims for various restitution programs and served survivors through our other Jewish Family Service programs not funded by the Claims Conference which include home safety, telephone reassurance, counseling, congregate meals and home delivered meals, friendly visitors, and case management.

Currently there are 465 Holocaust Survivors who are being served in the Holocaust Survivor Program of Jewish Family Service of Los Angeles. All receive case management services provided by Masters Degree level social workers. Of these, 360 receive an average of 4 hours a week of subsidized in-home services which includes personal care, light housekeeping and heavy cleaning services. The costs of these services range from \$15.00 per hour for personal care, \$17.00 per hour for light

housekeeping, and \$37.00 per hour for heavy cleaning services. Many survivors require more than 12 hours per week of personal care services. This is far more than we can currently provide. In year 2003, our Claims Conference grant assisted 327 clients with 47,952 hours of in-home care at a cost of \$441,362.00.

CAFÉ EUROPA – Currently, the Café Europa Program holds weekly meetings at our Pico-Robertson storefront, and at our Valley Storefront in the San Fernando Valley on a bi-weekly basis. Each site averages approximately 35 attendees per meeting. Café Europa provides a safe and supportive family-like atmosphere for Holocaust survivors who would otherwise be socially isolated. Many survivors have been attending our Pico-Robertson group for over 10 years and report feelings of belonging and well being which help keep them mentally and physically stronger. In addition, Café Europa supports two Child Survivor Programs and a Russian Survivor Program.

STAFF TRAINING – JFS provides staff training to community agencies that serve our Holocaust population. These agencies include the Los Angeles Jewish Home for the Aging, Adult Protective Services, and the Los Angeles Police Department, home care provider agencies, and others in the community who seek JFS for consultation on individual Holocaust survivors.

COUNSELING – JFS currently provides individual counseling and consultation to Holocaust survivors and their families, as they face the complicated issues of aging, which encompasses current losses as well as many unresolved losses. Loss of control of the living environment and feelings of loss of respect are inherent when aging leads to frailty. These feelings are magnified in Holocaust survivors as they remember similar losses of control and respect in their past. Acknowledging these feelings, talking about these feelings, creating a supportive environment, and empowering survivors to embrace their strengths can often lead to more positive life experiences for survivors.

TRANSPORTATION – Transportation is a major issue for older adults in Los Angeles. Transportation for Café Europa, medical appointments, counseling appointments, and help with grocery shopping were provided to approximately 300 survivors in 2003. Approximately 1200 trips were provided. However, this did not meet the entire needs of our Holocaust survivor population. 150 Holocaust survivors did not receive additional help with their transportation needs because this would have cost an additional \$30,000 in the purchase of taxi books from private taxi companies in Los Angeles.

Since 1997 funding by the Claims Conference, 970 survivors have received emergency financial assistance costing \$1,215,545. In 2003, 497 survivors received emergency financial assistance costing \$225,000. Financial assistance ranged from help to pay for medications and other uninsured and uncovered medical care, dental care, food, utilities, and transportation. In 2003 and for 2004, the annual Holocaust Survivor Program budget, excluding services provided through other senior programs and overhead runs at \$914,000 per 12 months. Of this, \$445,000 is for in-home care

and \$74,000 is for Café Europa.

Home delivered and congregate meals, home safety program, and our friendly visitor program, and additional case management programs are funded through federal and state funds and other funds available to Jewish Family Service of Los Angeles.

III. Unmet Needs

Today, more than 34 million adults are over the age of 65 and 4 million people in the U.S. are over the age of 85. As people live longer, they are experiencing chronic illnesses and that often accompany the aging process. Holocaust survivors, who are dealing with the onset of chronic illnesses associated with age, have additional special needs due to their survivor status that requires complicated care. According to the Jewish Federation of Greater Los Angeles, there are approximately 11,000 Holocaust survivors in Los Angeles County. Although this population is declining as the years progress, their service needs increase as they get older. Many Holocaust survivors are at-risk, due to increased social isolation, illness and limited financial resources. Increased frailty and financial vulnerability often provoke feelings of helplessness and vulnerability that were experienced during the Holocaust. This impacts the coping abilities of many survivors and may make it difficult for aging Holocaust survivors to remain self-sufficient, make independent choices, and maintain a dignified quality of life. Many of the survivors require social services to help them handle these issues. Among the survivor population needing assistance, approximately 25% of the frailest elderly need care management services, due to a variety of mental and physical disabilities. There is also a significant rise in survivors who are most frail, particularly those needing assistance with in-home care. We are seeing a trend in the number of survivors who did not need services in the past, but are now becoming frail and are in need of services (social services, financial aid and health care), as they grow older. We expect this trend to continue through 2010. Due to their trust in JFS, more Holocaust survivors are asking for and accepting help. JFS is gratified that we are able to continually answer this need.

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As noted above, due to the unsure funding of the California State Budget, Holocaust Survivors who are MediCal recipients may be at risk for discontinued coverage of some medications which are now currently paid for by MediCal.

However, for those survivors who are currently beneficiaries of Medicare HMOs, prescription drug coverage has been profoundly reduced in 2004. Many of the two-thirds of our survivors who are not covered by MediCal are beneficiaries of HMOs. In 2004, the biggest HMO provider in Los Angeles is no longer providing payment for the name brand prescription drugs which many of our Holocaust survivors must take. For instance, many survivors take Protonix, Cozaar, and Fosomax, drugs previously paid for under HMO coverage. In 2004, survivors will have to pay out-of-pocket for these medications. Protonix costs \$339.00 per 100, Cozaar costs \$189.00 per 100 and Fosomax costs \$350.00 per 100. Because many survivors have multiple complicated and chronic health problems which are controlled by multiple medications, it is not unusual for Survivors to have prescription medication bills of \$800.00 per month. Without financial assistance from grants from the Claims Conference, many survivors would have to forego vital prescription medications.

Costs for HMO co-payments for hospital services has dramatically risen this year. For instance, the largest HMO will now charge \$200.00 per day for in-patient hospitalization. It is not unusual for patients to stay 3 days in treatment for in-patient care. The cost for one in-patient hospitalization would be \$600.00. One can only imagine if there are multiple in-patient hospitalizations how the costs could escalate, impoverishing Holocaust survivors who often need more intensive in-patient hospitalizations than the general aging population.

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lack of affordable rental units in Los Angeles, particularly in the areas where most survivors reside. Holocaust survivors are reluctant to move out of their neighborhoods in which they have lived for many years. The average 1 bedroom unit costs about \$1000 per month. Many of our clients have incomes of \$700 to \$1000 per month and are spending down their savings. Many survivors must choose between paying rent and buying food or medication.

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IV. Implementation

JFS already provides many services to survivors but in order to provide additional services to a growing needy population of survivors it would have to expand staff. It would not require setting up a new program.

Our JFS already provides older adults, including survivors, with many programs as discussed including friendly visitors, meals programs, transportation, telephone reassurance and limited respite. However, there is no funding to cover the greater needs for survivors as they become frailer and spend down their savings paying for home care and medications.

Currently, JFS reviews all cases to assess and reassess need for services. In the case of the Holocaust Survivor Program, there is an Advisory Board of Holocaust survivors that reviews the program, addresses policy issues about how to deal with limited resources, and to assure that survivors' needs are met.

V. Projected needs for the next 7 years.

JFS needs an additional \$669,912 per year to address the needs identified among our current clients and to address the needs of our survivor population who will become increasingly frail. Over seven years, accounting for inflation at only 3% per year, the total additional need is \$5,133,000. In addition to an expansion of three care management staff (\$180,000), this additional money is made up of an additional \$204,412 of in-home care per year; \$30,000 of additional transportation assistance per year; an additional \$50,000 per year to help pay for medications and other medical expenses; and an additional \$205,500 per year to pay for Adult Day Health Care, a

service, which is now not paid for by the Claims Conference.

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Additional need for current and new clients, including expanded staffing for 2004 is:
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ATTACHMENT E

JEWISH FAMILY SERVICE, INC. OF BROWARD COUNTY, FLORIDA HOLOCAUST SURVIVORS ASSISTANCE PROGRAM

January 2004

JFS of Broward has been providing specialized assistance to Holocaust survivors through its Holocaust Survivors Assistance Program for about seven years. The program is funded through a grant from the Claims Conference, supplemented by agency and UJC support. Prior to 2002, all of south Florida received one grant from the Claims Conference. Since 2002 the four south Florida agencies have applied for and received separate grants. The Broward program has an advisory committee that oversees its operation. Members of the committee include leadership of the major survivor groups, funders (UJC) and professionals who meet every month to review services and funding.

Services

The program provides a range of in-home services, including care management, emergency financial assistance, counseling, telephone reassurance, Kosher food deliveries, volunteer services (companions and respite), cleaning, and home health care.

The Claims Conference has allocated approximately \$24,000/year for providing emergency services to needy survivors, such as medical and mobility devices. In reality, these funds have been used for "emergency" in-home health care due to the shortage in funds for these urgently needed services (see section on "Unmet Needs"). In addition, information and referral services are available and the agency has helped survivors process and file claims for various restitution programs.

The first quarter of the current fiscal year has seen a 55% increase in Holocaust clients.

Current Number of clients receiving case management:	238
Current Number of clients receiving home care:	138
Other services include:	
Telephone reassurance	48
Volunteer companion and respite	34
Counseling	32
Kosher Food delivery	31

Average hours of home care per client:	5.72 hours/week
Cost of an hour of home care:	\$11.60/hour

Age

The program currently serves 238 clients, all of whom receive care management. Only two of our clients are under the age of 70. Thirty-five percent are in their 70s. Over 50% are in their 80s. 10% are in their 90s, including four clients over the age of 95.

It is estimated that 35-40% of the survivors in the program are very high-risk individuals receiving multiple services on an ongoing basis. This program is their lifeline. This program is the only reason they can remain in their own homes and stay out of long-term care institutions. Institutionalization would be a death sentence for these individuals.

Broward County is estimated to be home to approximately 7,000 survivors¹. Florida has the third largest population of survivors, with the vast majority located in South Florida. The current need for services is tremendous and is projected to increase dramatically over the next 10 years, as the younger group of survivors reaches their late 80s and early 90s. At that time we may experience some drop off in the need, presuming a minimal increase in the number of younger survivors retiring and moving to Broward County. We do not have data at the present time indicating what we can expect in terms of survivors retiring to Florida in the immediate future, but we are investigating the issue for planning purposes.

Other Resources

Exacerbating the problem of the high numbers of needy, at-risk survivors in Broward County, Florida provides the lowest amount of state funding of home and community-based services of all the states with significant survivor populations. The average annual state home and community-based service expenditure per person in Florida was \$60 in 2000, compared with \$1,131 in New York and \$301 in California. State-funded services are over-subscribed, with 2-3 year waiting lists being routine, and it is not uncommon for the elderly in Florida to be unable to receive any significant assistance from the State government. Many social service programs available in other states are nonexistent in Florida, and those few that are in place are chronically full.

Income

Of the current clients receiving home health care, 89% cannot afford a co-payment. This means that their assets are under \$25,000. Anyone with any assets over \$25,000 is required to use their savings to help pay for their cost of home care through co-payments. These co-payments mostly range from \$.50 to \$3 per hour, with only five individuals able to pay over \$3 up to a maximum of \$6 (2 individuals).

Data are not currently available on income levels of our survivor population in general, but we are currently sorting the data on JFS clients. Most survivors barely get by with whatever income they receive. Many survivors fall through the cracks in the federal and state social support systems, with incomes or assets just above eligibility criteria. No consideration is given to medical and prescription drug expenses that eat up their small incomes (for example, many clients pay in excess of \$500 per month for medication and medical supplies, leaving very little for rent, utilities, and food).

Unmet Needs

The most pressing need right now is for home health care. JFS has *48 clients on its waiting list for home health care*. Additionally, in 2003, services were cut to 46 clients who had been receiving homemaker services once/month for cleaning. These clients are able to take care of themselves, but unable to take care of their apartments. The service cut was the result of a difficult, but necessary, reprioritization of clients in need.

¹ Data from the December 1997 "Jewish Community Study Summary Report," by Ira M. Sheskin, Ph.D., for the Jewish Federation of Broward County.

Beginning in May/June of 2003, JFS received an average of 15 new needy Holocaust survivor clients per month likely in response to increased publicity about survivor assistance programs. Many of these clients had urgent needs exceeding those of the clients receiving home cleaning services.

An additional 288 hours per week of home care is needed to provide just a minimal level of service to those on the waiting list. Minimal service averages 6 hours per week. Many need 8-10 hours for optimal outcomes. This translates into 14,976 hours per year. An additional 290 hours are needed to reinstate an average of 2.25 hours per week to *129 clients who had hours cut in order to provide more critical hours to new clients*. This translates into 15,080 hours per year. Additionally, based on this year's rate of increase in need, we *project a net of 75 new clients requiring home health care services in 2004*, for an additional 450 hours/week, or 23,400 for the year.

Clients on waiting list for home care: 48
 [Clients on waiting list for cleaning services: 46]

Hours needed to eliminate waiting list by providing minimal home care (6 hours/week)*:	288/week
Hours needed to reinstate optimal level of service to clients whose hours were cut:	<u>290/week</u> 578

Annual hours needed for projected 75 new clients: 450/week

ADDITIONAL ANNUAL REVENUE NEEDED - to eliminate waiting list and reinstate hours cut

48 waiting list clients x 6 hours/week @ \$11.60/hour	\$173,722
129 clients x 2.25 (average) hours/week @ \$11.60/hour to reinstate optimal level of service	175,079
75 projected new clients x 6 hours/week @ \$11.60/hour	<u>271,440</u>
TOTAL	\$620,241

Other services would be extremely beneficial to the survivors, once their basic needs could be ensured. These include:

Adult Day Services, providing structured socialization for frail elderly.

Transportation services. Public and subsidized transportation are scarce and frequently inappropriate for survivors. Many home health care agencies provide these services, for a price. Additional funding would ensure that survivors could more easily get to doctor appointments, attend community events, and visit their spouses, family and friends.

Supportive group services, such as drop-in centers, cultural arts and socialization for higher-functioning survivors. This would keep them in touch with the community and provide linkages to community services.

Outreach to isolated and unaffiliated survivors. There are a number of survivor groups in south Florida, yet many survivors are unaffiliated and unaware of the services available to them.

Case Examples

Clients are a 90 year-old man trying to care for his 87 year-old wife. Both are from Poland and were taken from their homes and transported to multiple concentration camps. The couple has been married for 60 years. Mrs. C has Parkinson's and Alzheimer's diseases. She has become increasingly more ill in the last year. Mr. C has his own deteriorating health problems and needs assistance himself, but is desperately trying to assist his wife. He was paying for private help out of his savings, which are now depleted. During the assessment he desperately pleaded with JFS for help, stating that he and his wife have never been separated and she will not survive if he has to place her in a nursing facility.

Mrs. Z is an 84 year-old woman living with her daughter, son-in-law and granddaughter, age 3. She was born in Germany and fled to Holland, leaving all of her belongings behind. She became very ill 4 years ago due to Parkinson's disease, complicated with dementia, which has now escalated. Mrs. Z has a shunt in her head and is also in pain due to spinal stenosis. She can no longer ambulate; she is in a wheelchair. She has very limited income and no assets. All of her income is used for medication and medical expenses. The client's only daughter has made great sacrifices, financially and emotionally, to keep her mother at home. The client currently gets 12 hours of home health care through the JFS Holocaust Program. The client's daughter stated that if JFS cuts these hours it will be like giving her mother a death sentence. She would just like her mother to be able to live out her remaining years with dignity, at home.

Mr. W is a 79 year-old man residing with his wife. He is from Poland and was taken prisoner to work in many camps until he was liberated by the US Army. He was working in a store "up north" and, during a burglary, was stabbed in the eyes, which left him blind. Client came to Florida in 1999. He has a seeing-eye dog and was managing until recently because his wife was able to assist him with his activities of daily living. She recently had a stroke and can no longer speak and is having trouble getting around herself. Mr. & Mrs. W have just over the threshold income level to qualify for state benefits and have barely any savings. Although client's son has lung cancer, he flew from NY to provide assistance to the client when client's wife was in the hospital. Mr. W's son no longer has the strength or the finances to help. Client's daughter has MS and is dealing with her own failing health. Client had to be put on JFS's waiting list for home health care.

ATTACHMENT F

Miami Dade Holocaust Survivors Data for Swiss Bank Settlement Proposal 1/23/04

I. Miami Holocaust Survivor Population

Based on the 1994 Greater Miami Jewish Federation Demographic study the number of Holocaust survivors living in Miami-Dade County was 4354 (about 3.4% of the population). These numbers do not include Holocaust Victims who were living in Nursing homes or other institutionalized settings.

One quarter of the survivors lived alone.

558 were 85 or older and 76.3% (3204) were 65 or older. Today less than 3.5% of the Holocaust victims in Dade would be under the age of 65.

In 1994 21% (882) had a disability requiring daily assistance or supervision. 7% (294) had a disability, which didn't require assistance.

50.5% (2121) had household incomes of under \$25,000 with a total of 21% (886) reporting income of less than \$10,000. (The poverty level for an individual is \$8,980 and for a couple \$12,120)

Another 19.8% had incomes between \$25,000 to \$50,000.

Therefore 70.4 % had incomes of \$50,000 or less.

90% own their own home but 65% live in a high-rise condo.

52% (2184) live in Homes valued at \$100,000 or less.

77.4 % (3251) live in homes valued at 150,000 or less.

II. Current Services

Since 2001 when Jewish Community Services expanded the basic claims conference assistance program to local Holocaust survivors, they have served

500 Survivors (unduplicated) with a variety of services. In addition, the agency has helped 2000 individuals process and file claims for various restitution programs.

Currently there are 235 Holocaust victims who are being served in the Helping Holocaust Survivors Survive Program of Jewish Community Services of South Florida. All receive case management services. Of these 175 receive on average 4.5 hours a week of subsidized in-home services including, home health services, cleaning and homemaker services. The cost of these services is \$12 per hour. Many require 10 or more hours a week but currently the maximum that can be provided is 10 hours a week to insure that all survivors who need home care services can receive some. A minimum of 40,950 hours of in home care is provided. The cost is \$12/ per hour or a minimum of \$491,400 a year. Since July of 2001 \$1,360,705 of Home Health services have been provided. 113,392 hours (average of 175 individuals per year).

The program also provides home visits by volunteers. Current costs are for a part time coordinator of the volunteers. In addition counseling services are provided.

\$56,463 has been provided this year in direct financial assistance to 105 Holocaust victims, this assistance includes emergency rent, utilities, medication and medical equipment.

During the winter months, an additional 50 individuals who are part-time residents receive services.

Up to June of 2001, the program was funded by funds provided by the Claims Conference, which totaled \$530,000 per year. These funds provided case management services, emergency financial assistance and a maximum of 6 hours a week of home care services. In 2001, in response to the substantially greater need, the budget for holocaust survivor services was increased by

\$519,000 through funds provided by the Federation and the Claims Conference. In 2003 and for 2004, the annual budget, excluding services provided through other senior programs and overhead runs at \$900,000 per 12 months. Total expenses for the direct services not covered by other programs from July 1, 2001 through September 30, 2003 were \$1,838,171. 74% of this is for Home care services.

Home delivered meals are covered through the regular senior Meal program funded through Federal funds with a local Jewish community match through the Area Alliance on Aging. Most of those receiving in home health care receive meals. (5 meals per week are provided under this program).

III. Unmet needs:

In an analysis of each case undertaken in the last month, it has been determined that the average in home-care need is 12 hours per week. This would require an average of 6 additional hours per week for ~~250~~²³⁵ survivor households (78,000 additional home care hours per year, 1500 per week) at 12.50 hour or \$975,000 for the year.

There is an increasing need for Home delivered meals. The cost for Survivors requiring more than the one meal per day under the Federal program and any new survivors requiring home delivered meals is \$5 per meal. For one person 5 meals per week it is \$800 per year.

Due to inadequate public transportation in Miami and an unreliable Special Transportation services there is a need for transportation assistance for doctor visits and shopping. Projected additional costs for transportation are \$6,000 per year. Based on the cost of a trip is \$5.00 per family, and an estimated need of 1200 trips per year for 100 families who will be served,

An additional need is the need to provide respite care for the spouse or other family care giver. Particularly, this need is for Survivor spouses dealing with the stress of caring for the spouse and the impact on their health and mental state.

Respite care based on need of 28 family units at \$70 a day for an average of 260 days totals an additional \$509,000. This includes individuals requiring day care due to Alzheimer disease as well as periodic respite for caregivers.

Mental health care approximately 874 additional hours a year of counseling is needed for 75 individuals at \$45,780 per year.

Because there are limited social services provided through the state and up to four months wait for state funded services survivors are dependant on Jewish community provided services.

One of the unique issues facing Survivors in South Florida is the virtual absence of affordable rental property. Most own their own condo but now struggle to meet increasing monthly condo maintenance fees. Some emergency financial assistance is being used for paying these fees to prevent eviction.

During the last calendar year there was a net increase of 30 clients to the program. It is anticipated for 2004 a net increase of 30 new clients after that the JCS expects that there will be less of an increase in the number of new clients but current clients will need more assistance and new clients will be coming in at a more frail state

IV. Implementation:

JCS is already providing these services to elderly and to survivors but it would have to expand services add staff, possible a bus/ van for transportation etc. It would not require setting up a new program.

Our Jewish Community Services already provides for seniors and survivors home delivered meals, homecare services transportation and some respite care programs. However there isn't the funding to cover the costs for all the people in need including the Survivors.

Currently the JCS reviews all cases to reassess need for services. In the case of the Holocaust Survivor Programs there is a committee, which reviews the program and addresses policy issues about how to deal with the limited resources to address the need.

Jewish Community services currently runs a special hotline number for Survivors, they continue to get inquiries and new clients through the hotline.

V. Projected needs from the next 7 years.

We need an additional \$1,535,780 per year. This is simply to address the needs identified among the current clients. We presume that over the next seven years this amount will not decrease but will increase over the period as the current clients become more frail. This is made up of an additional: \$975,000 for an additional average of 6 hours per week for home care services at \$12.50 / hour; respite care of \$509,000; \$6,000 for transportation services; \$45,780 for additional hours of counseling. Just accounting for the current case load over 7 years we would need a total of \$10,750,460 (\$15,357,800 for 10 years)

There is currently is an annual increase of 30 clients. To add these participants would require an additional \$318,200. (This includes: \$195,000 (30 x 10 hours per week x 52 weeks x 12.50 per hour) for home health care: \$77,200 for respite care of 5 families (using the same percentage as the current client need); \$20,000 additional emergency assistance; \$5,000 for counseling (also based on same percentage as the current client need); 1,000 for Transportation: and \$20,000 for case management.) This would mean for this year the additional amount needed is \$1,853,980 and in the following year \$2,172,180.

In reviewing the demographic data, the expectation of additional 30 participants in the program in each of the next two years is not unreasonable. Based on the fact that we have 4354 Survivors and that 1/2 have incomes below \$25,000 that would present a pool of 2076 people who could need subsidized services. But we do know that 21% of the survivors have disabilities that require assistance means that a conservative number of 415 people could be requiring the services of this program. We are currently serving 235. Thus there is a potential for the program to be asked to serve an additional 180 people over the next several years. If all 180 were to be added we would need an additional \$1,909,200 in addition to the current additional need of \$1,535,780. (\$3,444,980) up to \$24,114,860 over 7 years (\$34,449,800 over 10 years).

Summary:

Additional need for the current clients \$1,535,780

For 30 new clients \$ 318,200

TOTAL need in 2004 \$1, 853,980

7 years \$ 12,977,860

10 years \$18,539,800

Adding an additional 30 clients in 2005 \$2,172,180. Total 295 clients.

The seven-year need is: \$14,568,660

The total 10-year need from 2004 forward is \$21,403,600.

Also note that Survivors make up only 3.4% of our population while seniors as a total are 30 % of our population with 46% of elderly households living at or below the poverty line.



JEWISH FEDERATION of SOUTH PALM BEACH COUNTY

on the Richard and Carole Siemens Jewish Campus
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January 23, 2004

ATTACHMENT G

Special Master Judah Gribetz
Holocaust Victims Assets Litigation
Post Office Box 8300
San Francisco, CA 94128-8300

Dear Special Master Gribetz:

On behalf of South Palm Beach County's Holocaust Survivors' Assistance Program, administered by the Ruth Rales Jewish Family Service and supported by the Jewish Federation of South Palm Beach County, attached please find a proposal outlining the needs of Jewish Holocaust survivors in South Palm Beach County and presenting a 10 year service delivery plan to address those needs. This proposal is part of an umbrella request being submitted by the United Jewish Communities to the Swiss Bank Settlement Fund on behalf of North American communities.

It is important to convey that we, as a community, fully understand and appreciate the global needs of Nazi victims. Through South Palm Beach County's relationship and involvement with the JDC's humanitarian efforts across the globe, we have seen firsthand the extreme poverty among elderly Jews in the former Soviet Union and other parts of the world. Teams of lay and professional leaders from South Palm Beach County visit the FSU several times each year. We are also acutely aware of the fact that the needs of many survivors in Israel have been exacerbated by government cuts in social service programming. We are supportive of efforts to alleviate suffering among these populations.

At the same time, as documented in the attached proposal, the unmet needs among South Palm Beach County-area survivors are serious and will only increase as the population ages. The public safety net brings subsidized services to many of South Palm Beach County's poorest survivors, but significant numbers fall through the cracks because they are ineligible, and need our support in order to stay alive. With additional resources, South Palm Beach County's Holocaust Survivor Assistance Program is well positioned to expand service delivery to address service gaps and ensure that frail survivors in need have access to appropriate care.

Sincerely,

Jason Shames
Director of Planning
and Programmatic Services

JS:ds

Cc: William S. Bernstein, Executive Vice President, JFSPBC
Dr. Jaclynn Faffer, DSW, Executive Director, RRJFS

Delivery of Social Services to South Palm Beach County's Holocaust Survivor Community — a 10-year projection

South Palm Beach County, Florida is home to an estimated 8,450 victims of Nazi atrocities. Of the total number of Jewish households in South Palm Beach County, 5.4% have a Holocaust survivor in it, and since 1998 we have been providing specialized services to those survivors who need them.

We also believe that the number of our survivor clients will increase in the near term as two things happen. First, more people are finding out about our services and the demand is rising. Second, survivors that heretofore did not require our assistance are becoming increasingly fragile and unable to perform acts of daily living as easily as before, and those that had required our help will need to have it at a more intensive level of care as they age. They will require the assistance that our community provides through Ruth Rales Jewish Family Service's Case Management program and through the purchase of home care services. This group also includes younger survivors who are moving to South Palm Beach County, one of the fast growing target sunbelt communities for elderly who are migrating to better climates.

There are two considerations going forward in our program that we believe are of great importance. The first is that no survivor should have to be put on a waiting list for services and the second is that to achieve this goal, sufficient money must be made available to finance those services as they are needed.

Until now, the Jewish community of South Palm Beach County, through its Federation and Jewish Family Service has developed and implemented a means to assure that all survivors are provided services when they are needed. This means that the Federation, recognizing the importance of leaving no one behind, took out an interest-bearing loan through which it has helped to eliminate the waiting list. However, going forward we cannot count on Federation's ability to provide that level of support because its campaign has sustained some serious declines and Federation may not be in a financial position to borrow additional money to assure that there will be no waiting list in the future. The Jewish Family Service, using funding from the Conference on Jewish Material Claims Against Germany, Inc., has had the financial help it has needed to serve the majority of its Holocaust clients, but not all of them until it received the additional Federation support.

Our community acknowledges and is grateful for the various additional grants we have received that have enabled us to serve our survivor community. In addition to the Regular Holocaust Grant, we have received special grants for emergency assistance and home care. It is important to realize that without these additional funds, our community would not have been able to provide the quality level of care that is due to our survivor clients. As we take a longer term view of the future, it becomes really important to consider that ad hoc special funding, while very useful and helpful, does not allow us to plan over a ten year span. We really need a predictable income stream for our survivors that is based upon past experience and projected demand.

Future projections indicate that we will see a rise of some 23 cases of Holocaust survivors needing our assistance in the coming year with both case management and with home health care. Without a guarantee of assistance by Federation, we must assume that the full caseload must depend upon the Conference for support if we are to provide the required care and not have a waiting list.

The attached spreadsheet, entitled *Holocaust Survivor Home Health Care Projections*, outlines the case of need for a ten-year period. Under the assumption that the case load will increase for the first three years and then decrease for the next seven years, the total need is projected to be \$6,628,727 for ten hours of home health care services per week per client. For twenty hours of service per week per client, the projections double to \$13,257,454. These projections do not take into account case management and administrative costs. In addition to the above stated needs, the State of Florida does not provide a governmental safety net of services for this vulnerable population.

Based upon the above, we anticipate a large increase in our future requests of the Conference. Two cases should illustrate the point.

- Survivor #1 has been in the program and received an average of four hours of home care for the past two years. However, Survivor #1 has developed a debilitating arthritis that makes it almost impossible to function independently. This survivor will require at least eight hours, preferably 12 hours of home care per week. If the average current cost of home care is \$12 per hour, then the current weekly cost is \$48. However, due to increased need, the cost will double to \$96 per week, and should really triple to 12 hours or \$144 per week because the need is there.
- Survivor #2 is relatively young and has not needed home care services up until recently. Survivor #2 requires four hours of home care per week or \$48 per week.

In just these two examples we see an increase in cost ranging from a minimum of \$48 additional for Survivor #1 and \$48 new for Survivor #2 for \$96 per week or \$1,152 per year for both.

While the above has been illustrative, it is also realistic. Based on our calculations, we anticipate that we will have some 81 clients, significantly more next year than we currently have. The additional clients we anticipate will be from new moves to the area and from those living here that heretofore did not require our services. The remainder will be current clients, many of who will need an increased level of service.

According to the 2000 National Jewish Population Survey, the average age of Holocaust victims is 71 years; 13% live in the South, and a good many of those are in South Florida, particularly in South Palm Beach County. In addition, when asked, 35% of the victims reported that they were "just managing" financially compared to the non-victim response of 23%. The median household income of victims was \$15,700 while that of non-victims was \$40,800, a very significant difference. Holocaust victims are much more likely to need additional help than their counterparts who did not experience the Holocaust because of their physical and mental experience. And, because their median income is one-third that of the non-victim population Holocaust survivors are less likely to be able to afford care for their additional needs because of their limited incomes.

Survivors, as is generally true of the elderly, require more assistance with age. In addition to the home care and case management, survivors also may require and do receive therapeutic counseling, food pantry supplements, kosher meals, telephone reassurance and socialization activities for which subsidized transportation is required and provided.

HOLOCAUST SURVIVOR HOME HEALTH CARE PROJECTIONS

Year	One	Two	Three	Four	Five	Six	Seven	Eight	Nine	Ten	Totals
Number of Clients	72	101	121	112	105	97	90	84	78	73	
Cost of HHC per Hour	\$12.00	\$12.36	\$12.73	\$13.11	\$13.51	\$13.91	\$14.33	\$14.76	\$15.20	\$15.66	
10 Hours of Service per Week	\$8,640	\$12,484	\$15,403	\$14,683	\$14,186	\$13,493	\$12,897	\$12,398	\$11,856	\$11,432	
Annual Cost of 10 Hours	\$449,280	\$649,147	\$800,972	\$763,526	\$737,646	\$701,620	\$670,644	\$644,717	\$616,512	\$594,454	\$6,628,518
20 Hours of Service per Week	\$17,280	\$24,967	\$30,807	\$29,366	\$28,371	\$26,985	\$25,794	\$24,797	\$23,712	\$22,864	
Annual Cost of 20 Hours	\$898,560	\$1,298,294	\$1,601,943	\$1,527,053	\$1,475,292	\$1,403,241	\$1,341,288	\$1,289,434	\$1,233,024	\$1,188,907	\$13,257,036

ASSUMPTIONS

1. Florida State Insurance Commission projects a 40% increase in case load from year one to year two as a result of outreach and awareness
2. Year 2 to year 3 projection of case load is factored at an increase of 20%
3. Year four to year ten is based on Claims Conference projection of a 7% annual decline in Holocaust Survivor Population
4. Annual cost of providing service is factored at 3% annually
5. In year one Federation funded a wait list of 14 clients for 10 hours per week of home health care. AJFSCA recommends a minimum need of 20 hours per week.
6. Number of clients requiring Federation funding for service is based on the current percentage of survivors receiving Federation funding (14) of the existing caseload (58). This computes to 24%.

United Jewish Communities
111 Eighth Avenue, Suite 11E
New York, NY 10011-5201



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