

COMMUNITY STEERING COMMITTEE

The **Community Steering Committee** is the driving force behind the Lifelong Community Initiative. Members should represent at least one of the Lifelong categories. This committee is responsible for keeping the initiative focused on its mission and the process on track. Primary committee tasks include the following:

- *Oversee completion of the community assessment tool;*
- *Develop the community mission, vision and priorities for the initiative;*
- *Review and analyze the assessment results;*
- *Assist in the development and implementation of the action plan;*
- *Celebrate community successes.*

The steering committee should meet on a regular basis. It is recommended the committee meet monthly. Your committee may find a need to meet more often as the Initiative begins, and not as often as your community enters the action plan implementation stage. An open line of communication is essential. The Kansas Department on Aging will ask for updates and provide technical assistance throughout the process.

The “ideal” **community steering committee** should have a project coordinator who is responsible to coordinate the steering committee meetings. The project coordinator may choose to facilitate the meetings or another member may be chosen to serve as facilitator.

The Lifelong Communities team should be composed of people who know the local community well. The team should also have representatives with an interest in improving the community with a special emphasis on the improvement of services to the elderly.

It is best to keep the steering committee small, having only one or two representatives with expertise from each of the core areas: *government, housing, transportation, health care, community service and business.*

Entities you may want to consider for your steering committee members could include representatives from (not limited to) any of the following community categories.

Government

City Administrator
City or County Clerk
City Council/Mayor
City Planning Office
Regional Planning Commission
Emergency Medical Service
Emergency Preparedness
Fire Department
Law Enforcement
Utility Services

Housing

Assisted Living Facility
Housing Authority
Nursing Homes
Retirement Communities
Contractor/Architect
Home Builder's Association
Homeowner's Association

Transportation

County Council on Aging
Transportation Department
Coordinated Transit District
City Planning Office
Faith Based Organizations

Health Care

County Health Department
Home Health Agencies
Hospitals
Adult Day Care
Community Mental Health Center
Dentist
Hospice
Optometrist
Respite provider
Veteran's Administration

Community Service

AARP Chapter
Independent Living Center
Area Agency on Aging
Ministerial Retirement Communities
County Extension Office
Ministerial Alliance/Interfaith
Senior Center
United Way/Volunteer Center
Community College/University
Lawyer/Attorney
Library
Parks and Recreation

Business/Economic Development

Chamber of Commerce
Economic Development Office
Media
Banks
Churches
Grocery Store
Mall Manager
Pharmacies
Restaurants
Businesses

COMMUNITY STEERING COMMITTEE MEMBERS

Project Coordinator: _____

Government Representatives

Name: _____ Title: _____

Organization: _____

Address, City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Name: _____ Title: _____

Organization: _____

Address, City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Housing Representatives

Name: _____ Title: _____

Organization: _____

Address, City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Name: _____ Title: _____

Organization: _____

Address, City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Transportation Representatives

Name: _____ Title: _____

Organization: _____

Address, City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Name: _____ Title: _____

Organization: _____

Address, City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Health Care Representatives

Name: _____ Title: _____
Organization: _____
Address, City, State, Zip: _____
Phone: _____ Fax: _____ Email: _____

Name: _____ Title: _____
Organization: _____
Address, City, State, Zip: _____
Phone: _____ Fax: _____ Email: _____

Community Service Representatives

Name: _____ Title: _____
Organization: _____
Address, City, State, Zip: _____
Phone: _____ Fax: _____ Email: _____

Name: _____ Title: _____
Organization: _____
Address, City, State, Zip: _____
Phone: _____ Fax: _____ Email: _____

Business/Economic Development Representatives

Name: _____ Title: _____
Organization: _____
Address, City, State, Zip: _____
Phone: _____ Fax: _____ Email: _____

Name: _____ Title: _____
Organization: _____
Address, City, State, Zip: _____
Phone: _____ Fax: _____ Email: _____