

## COMMUNITY PROFILE

Community name: \_\_\_\_\_

What geographic boundaries define your community? \_\_\_\_\_

County in which you are located: \_\_\_\_\_

What zip codes are included in your community? \_\_\_\_\_

Community's total population: \_\_\_\_\_

Community's population 60 years and older: \_\_\_\_\_

Community's population 85 years and older: \_\_\_\_\_

Mayor: \_\_\_\_\_

City Commissioners/Counselors: \_\_\_\_\_

City Administrator or Manager: \_\_\_\_\_

County Commissioners: \_\_\_\_\_

Describe how older adults are perceived in the community, (respected, vital, involved, burdensome, frail, valued, etc.) Please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Designated Lifelong Community Initiative Project Coordinator/Contact Person:

\_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_