

South Austin AARP

Chapter 2426

Website: www.southaustinaarp.org

February, 2018

Wednesday

February 21 1:00 p.m.

9 Steps to Successful Aging

Mark Carlson, MD

Dr. Carlson is a fellowship-trained, board-certified Gerontologist, Internist and Oncologist with 25 years of healthcare experience.

The foundation of Dr. Carlson's presentation comes from the renowned Blue Zone study where some of the world's best researchers in "successful aging" identified communities around the world with high concentrations of centenarians. These regions were labeled the "Blue Zones." These communities share common habits that lead to successful aging. They identified lifestyle characteristics that likely contribute to this longevity. Dr. Carlson will share these 9 characteristics and the simple ways you can integrate them into your life.

Travel

Mario Macaluso

Day-trip to Waco

Date: February 20, 2018

Check-in at 8 am with Rosie at Seniors Center. Departure promptly at 8:30 am

Wear your name tags and comfortable shoes and clothes

Park in the very back away from the entrance to leave parking space for regulars who attend the Center.

Enrollment will stop at 40 participants. You may call Rosie Perez at [512-440-7050](tel:512-440-7050) or email rosie9708@gmail.com to see if there are any seats left.

I am looking forward to seeing your smiley faces.

Health Update

Barbara Kaiser

Osteoarthritis

Osteoarthritis is the most common form of arthritis. OA is a disease that affects the cartilage and bone in a joint, causing pain, stiffness, swelling, etc. The cartilage provides a smooth gliding surface and acts as a cushion between the bones.

Keep Moving

If you do not move and exercise, the muscles surrounding the affected joint will become weaker, smaller and lose their ability to support the joint. This can lead to more joint pain. *This information is paraphrased from an Arthritis Foundation Education Series.*

Membership Dues

Barbara Fetonte

2018 dues are due now. Dues are \$10 a year and well worth it. The membership year is from January 2018 to December 2018. **To be current in your dues, you must pay your dues sometime between October 2017 and March 1.** If your 2018 dues are not paid by March 1, 2018, you will be dropped from the current South Austin Chapter roles. If you are not sure if your dues are current, please send an email to bfetonte@gmail.com or call me at [512-497-1432](tel:512-497-1432) and I will check. The membership form is on the last page of the newsletter. You can pay your dues at the February meeting or mail the form and a check to Barbara Fetonte at [8301 Washita Drive, Austin, Texas 78749](http://8301WashitaDrive.com). The check should be made out to AARP Chapter 2426.

The February refreshments will be provided by members whose last names begin E-H. Everyone is welcome to bring snacks.

AARP Foundation Tax Aide

AARP Foundation Tax Aide offers free, individualized tax preparation for low-to moderate-income taxpayers - especially those 50 and older - at more than 5,000 locations nationwide.

Before visiting a Tax-Aide site, please note:

You will need to bring your important documents to the site. The list is available on the website below.

Federal Tax assistance is available at all locations.

Site hours are subject to change on a weekly basis.

Therefore, please check again the day before you plan to go to the site.

Area locations:

SOUTH AUSTIN SENIOR ACTIVITY CENTER

3911 MANCHACA RD, AUSTIN,

TX 78704-6735

phone number- [512 978-2400](tel:5129782400).

HOWSON LIBRARY 2500 EXPOSITION BLVD,

AUSTIN,

TX 78703-1736

https://www.aarp.org/money/taxes/aarp_taxaide/?intcmp=AE-FOU-TAXAIDE-LOCATOR-IL

The primaries for the November 2018 election will be March 6. If you would like to vote by mail, below are the instructions.

Application for a Ballot by Mail

To be eligible to vote early by mail in Texas, you must:

- be 65 years or older;
- be disabled;
- be out of the county on election day and during the period for early voting by personal appearance; or
- be confined in jail, but otherwise eligible.

Instructions for submitting an Application for Ballot by Mail ("ABBM"):

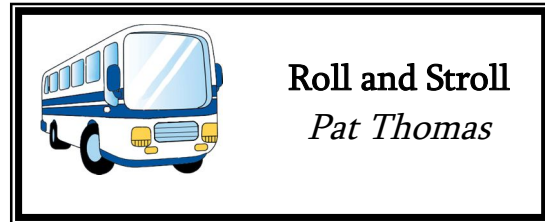
- [Use](#) the ABBM form the last page of the newsletter.

- Complete Sections 1 through 8.
- Sign and Date Section 10.
- If you were unable to sign the application and someone witnessed your signature, that person must complete Section 11.
- If someone helped you complete the application or mailed the application for you, that person must complete Section 11.
- Affix postage.

Address and mail the completed ABBM

Dana DeBeauvoir

P.O. Box 149325, Austin 78714-9325



FEBRUARY AND MARCH ACTIVITIES

The previous plans to visit Chinatown have been changed. Additional information will be announced at our February meeting. I am awaiting schedule information from Chinatown Center which announced that the celebration will occur on Sunday Feb. 25th.

FEBRUARY 23RD FRIDAY – Peoples Art Gallery at Austin City Hall

We will depart from Wheatsville at 5:15 p.m. to arrive at City Hall prior to the opening at 6:00 p.m. Be prepared to stand in a short line to go thru security. Carry a small purse. We went last year and had a good time. We will not stop for dinner as heavy snack food is provided at the event. If we are still hungry we may stop after the event for dessert.

MARCH 3RD – SATURDAY – Explore the University of Texas – An open house event with a visit to many campus buildings. This annual event always attracts a large crowd.

MARCH 16TH – A trip to Mueller to visit an Irish pub prior to St. Patrick's Day. More information at our February meeting.

EXPLORE AUSTIN BY PUBLIC TRANSPORTATION – For additional information contact Pat Thomas at 512-441-1485 or pthomas1@austin.rr.com

Treasurer's Report

Barbara Fetonte

Savings	\$25.00
Regular Checking	\$2413.64
Travel Checking	\$551.24

February Celebrations

Birthdays

Anita	Werbner	Lucy	Estrada	1
Helen	White			1
Rita	Painter			4
Joan	Savoldeil			5
Iola	Canady	David	Quinn	11
Dorothy	Green	Delaine	Brady	11
Carolyn	Nottleson			12
Connie	Flores			16
Brett	Cotham			17
Myrtle	Holmes			19
Bertha	Lighthorn	Brenda	Hahne	20
Anna	Saenz			21
Althea	Conrado	Steve	Gravitt	23
Barbara	Kelley			25

Anniversaries

Karin and Lloyd Matthys	7
Jim and Sue Harkin	14
Miles Abernathy	29



Debra Galloway participated in the women's march in Las Vegas.

Volunteer Hours

Ed Gonzales

January Volunteer Hours: **424**

Please bring your volunteer forms to the meeting!!

2018 Officers And Committee Chairs

Officers

President:	Pete Skalnik 214-704-9562
Vice President:	Elaine Benton 512- 799-2224
Secretary:	Ed Gonzales 512-444-3335
Assistant Secretary:	Marilyn Totten 512-280-8030
Treasurer:	Barbara Fetonte 512-282-1944
Assistant Treasurer:	Caryn Gulas 512-897-8106
Board of Directors (in addition to officers):	
Mary Ragland	512-280-8661
Barbara Kaiser	512-282-0960
Al Prewitt	512 -287-9847

Committee Chairs

Community Svc:	Pat Thomas 512- 441-1485
Greeters:	Marilyn Totten-512-280-8030
Health:	Barbara Kaiser -512-282-0960 Gail Glick 512-547-4153
Hospitality:	Al Prewitt -512-287-9847
Legislative:	Debbie Galloway 512-217-1566
Membership:	Margaret Hughes 512-956-3297
Newsletter Editor And Web Manager:	Diane McGowan-512-892-4416
Newsletter Distribution:	Ray Vaughn 512-292-0982
Program:	Open
Phone Committee Chair	
	Elaine Benton 512- 799-2224
Sunshine:	Doris Thorne 512- 382-9130
Travel	Mario Macaluso 512-432-5255



CIVIC AND/OR COMMUNITY SERVICE BY SOUTH AUSTIN AARP CHAPTER 2426 VOLUNTEERS

PLEASE BRING THIS INFORMATION TO THE CHAPTER MEETING

AND TURN IN TO : ED GONZALES

Name _____ **Address** _____ **Phone** _____

Category	Hours	Category	Hours
AARP Annual Day of Service		Fundraising for Community Service	
AARP Driver Safety Program		Health & Wellness	
AARP Tax Aide		Long-term Care/Nursing Home Support	
Hunger		Independent Living/ In Home Care Giving/Home Repairs	
Advocacy/Legislation/Information/Referral Services		Independent Living: Transportation Services	
Education/Scholarships or other		All Other Volunteer Areas	
Subtotal		Subtotal	
Total Volunteer Hours			

**South Austin Chapter 2426
Membership Renewal 2018**

PLEASE PRINT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-Mail Address: Please Print: _____

Signature: _____ Date: _____

Dues are \$10.00 per individual..

Complete and bring this application with payment to the next meeting (checks should be made payable to: South Austin AARP Chapter 2426) OR this application and payment can be mailed to :

South Austin AARP Chapter 2426 Barbara Fetonte 8301 Washita Drive, Austin, TX 78749

Please check any committee(s) on which you are interested in serving .

_____ Program _____ Membership ___ Hospitality/Welcoming_ Telephone
 _____ Sunshine _____ Nominating ___ Legislative _____ Community Service
 _____ Health Care _____ Public Relations Travel ___ Ad Hoc

Application for Ballot by Mail		Prescribed by the Office of the Secretary of State of Texas A5-15 12/17	For Official Use Only VUID #, County Election Precinct #, Statement of Residence, etc.															
1	Last Name (Please print information)	Suffix (Jr., Sr., III, etc)	First Name															
2	Residence Address: See back of this application for instructions.	City _____, TX ZIP Code _____																
3	Mail my ballot to: If mailing address differs from residence address, please complete Box # 7.	City _____ State _____ ZIP Code _____																
4	Date of Birth (mm/dd/yyyy) (Optional) <table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					Contact Information (Optional)* Please list phone number <u>and/or</u> email address: * Used in case our office has questions.												
5	Reason for Voting by Mail: <input type="checkbox"/> 65 years of age or older. (Complete Box #6a) <input type="checkbox"/> Disability. (Complete Box #6a) <input type="checkbox"/> Expected absence from the county. (Complete Box #6b and Box #8) You will receive a ballot for the upcoming election <u>only</u> <input type="checkbox"/> Confinement in jail. (Complete Box #6b) You will receive a ballot for the upcoming election <u>only</u>	7 If you are requesting this ballot be mailed to a different address (other than residence), indicate where the ballot will be mailed. See reverse for instructions. <input type="checkbox"/> Mailing Address as listed on my voter registration certificate <input type="checkbox"/> Address of the jail <input type="checkbox"/> Nursing home, assisted living facility, or long term care facility <input type="checkbox"/> Relative; relationship _____ <input type="checkbox"/> Hospital <input type="checkbox"/> Address outside the county (see Box #8) <input type="checkbox"/> Retirement Center																
6a	ONLY Voters 65 Years of Age or Older or Voters with a Disability: If applying for one election, select appropriate box. If applying once for elections in the calendar year, select "Annual Application." <input type="checkbox"/> Annual Application Uniform and Other Elections: <input type="checkbox"/> May Election <input type="checkbox"/> November Election <input type="checkbox"/> Other _____ Primary Elections: You must declare <u>one</u> political party to vote in a primary: <input type="checkbox"/> Democratic Primary <input type="checkbox"/> Republican Primary <input type="checkbox"/> Any Resulting Runoff	8 If you selected "expected absence from the county," see reverse for instructions <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;"> <table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> </td> <td style="border: none; text-align: center; vertical-align: middle;">—</td> <td style="border: 1px solid black; padding: 2px;"> <table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> </td> </tr> <tr> <td colspan="2" style="border: none;">Date you can begin to receive mail at this address</td> <td colspan="2" style="border: none;">Date of return to residence address</td> </tr> </table> 9 Voters may submit a completed, signed, and scanned application to the Early Voting Clerk at: _____ (early voting clerk's e-mail address) _____ (early voting clerk's fax) NOTE: If you fax or e-mail this form, please be aware that you must also <u>mail</u> the form to the early voting clerk within four business days. See "Submitting Application" on the back of this form for additional information.		<table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					—	<table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					Date you can begin to receive mail at this address		Date of return to residence address	
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Date you can begin to receive mail at this address		Date of return to residence address																
6b	ONLY Voters Absent from County or Voters Confined in Jail: You may only apply for a ballot by mail for one election, and any resulting runoff. Please select the appropriate box. Uniform and Other Elections: <input type="checkbox"/> May Election <input type="checkbox"/> November Election <input type="checkbox"/> Other _____ Primary Elections: You must declare <u>one</u> political party to vote in a primary: <input type="checkbox"/> Democratic Primary <input type="checkbox"/> Republican Primary <input type="checkbox"/> Any Resulting Runoff	10 "I certify that the information given in this application is true, and I understand that giving false information in this application is a crime." <table style="width: 100%; border: 2px solid black; height: 40px; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center; vertical-align: middle;">→</td> <td style="width: 80%; text-align: center; vertical-align: middle; font-size: 48px; font-weight: bold;">X</td> <td style="width: 10%; text-align: right; vertical-align: middle;">Date</td> </tr> </table> SIGN HERE If applicant is unable to sign or make a mark in the presence of a witness, the witness shall complete Box #11.		→	X	Date												
→	X	Date																
If someone helped you to complete this form or mails the form for you, then that person must complete the sections below.																		
11	See back for Witness and Assistant definitions. If applicant is unable to mark Box #10 and you are acting as a Witness to that fact, please check this box and sign below. <input type="checkbox"/> If you assisted the applicant in completing this application in the applicant's presence or e-mailed/mailed or faxed the application on behalf of the applicant, please check this box as an Assistant and sign below. <input type="checkbox"/> *If you are acting as <u>Witness and Assistant</u>, please check <u>both boxes</u>. Failure to complete this information is a Class A misdemeanor if signature was witnessed or applicant was assisted in completing the application. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> X _____ Signature of Witness /Assistant </td> <td style="width: 50%; border: none;"> X _____ Printed Name of Witness/Assistant </td> </tr> <tr> <td style="border: none;"> _____ Street Address Apt Number (if applicable) </td> <td style="border: none;"> _____ City </td> </tr> <tr> <td style="border: none;"> _____ State </td> <td style="border: none;"> _____ ZIP Code </td> </tr> </table> <div style="text-align: right; border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;">Witness' Relationship to Applicant (Refer to Instructions on back for clarification)</div>			X _____ Signature of Witness /Assistant	X _____ Printed Name of Witness/Assistant	_____ Street Address Apt Number (if applicable)	_____ City	_____ State	_____ ZIP Code									
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