



## **Arlington in 2030 – A Livable Community for All** **Elder Readiness Plan**

December 2006

### **Part I: Report of the Elder Readiness Task Force**

#### **Executive Summary**

Arlington County, like the rest of America, will face a substantial increase in persons termed to be “senior” and a resulting increase in demand for services. The Arlington County Board determined that a special effort should be made to ensure the County’s preparation for the future. Accordingly, the Board appointed the “Elder Readiness Task Force” to prepare a blueprint for an inclusive, livable community that will be ready to meet the needs expected in 2030.

The Elder Readiness Task Force consisted of 16 individuals with knowledge of various aspects of the community. One of its early actions was to adopt the following as its **Vision**:

- Arlington is a community that knows and values its older population, including who they are, where they live, and the characteristics that define their special place in the community.
- Arlington supports and listens to its seniors, as well as to those who care for and support them, through programs, outreach and policies, as part of an overall culture that recognizes and responds to their specialized needs and desires.
- Arlington enables its aging population to have equal access to Arlington’s array of housing, transportation, recreation, health care and lifestyle choices so that they can continue to contribute and remain valued members of the community as long as possible.

The Task Force appointed four subcommittees to assess the present situation and future needs in four major areas: Housing, Transportation, Supportive Services and Health Care, and Community Involvement. The detailed recommendations for each area as well as crosscutting ones identified by all the subcommittees are presented in Section Five. Below the Task Force has highlighted its priority recommendations and those that could be implemented more quickly.

In its work the Task Force recognized the already substantial array of services offered in Arlington and the limitations of available resources in the coming years. The Task Force feels that while these recommendations focus on making Arlington a good place for older residents, many of them will benefit the entire Arlington community.

## **Priority Recommendations**

To assist the County Board in its consideration of the array of Task Force recommendations, the Task Force presents the following recommendations as the highest priority for County Board action.

### **Crosscutting/Implementation:**

- Develop and implement a coordinated communication plan regarding available programs and services for elders.
- Identify and consider supporting a non-profit entity whose focus would be the County's older population.

Designate the Commission on Aging to take the lead in monitoring implementation of this plan and advocate for desired programs.

- Produce an annual report to summarize the progress on recommendations made by the Elder Readiness Task Force.
- Fund a position responsible for implementation of this Plan.

### **Housing:**

- Identify existing mixed-age apartment buildings with elevators and enhance by providing a "concierge" service to link the residents to available public and private programs including health services, transportation, recreation and educational opportunities.
- Work towards a timely opening of an assisted living facility at the former Oak Springs for persons over age 50 with mental, physical or cognitive disabilities.
- Include information on visitability and universal design in the County's overall communication campaign and building code information.

### **Supportive Services and Health Care:**

- Expand an array of in-home services to facilitate elders' capacity to remain in their residence.
- Open the Walter Reed Adult Day Health Care program with subsidies provided on a sliding scale for low-income participants.

### **Transportation:**

- Create a one-stop-shop opportunity for information about and linkage to public and private transportation services.
- Establish a mobility management program to assess and assist seniors with service needs.

### **Community Involvement:**

- Enhance the appeal and relevance of senior centers.
- Expand information and assistance at senior centers for an array of community services.

## **Opportunities for Immediate Action**

The Task Force recognizes that some of its recommendations may take considerable time, effort and/or resources. The Task Force has highlighted below those items that could be implemented in a relatively short time-frame without significant new resources.

### **Housing:**

- Raise the asset limit in the Housing Grant program to \$200,000.
- Develop a mechanism for emergency service personnel to report areas of concern identified at long-term care residences to the Long-Term Care Commission.
- Establish a regional family council to serve residents of nursing homes and assisted living residences.

### **Supportive Services and Health Care:**

- Use trained volunteers to offer safety checks of the home and accessibility features; counsel residents on emergency response.

### **Transportation:**

- Offer guidance for older drivers in selecting appropriate vehicles and assistive technology.
- Partner with the Northern Virginia Transportation Commission to offer one-on-one training for use of public transit.
- Publicize availability of DMV specialized testing for driver skills, capacity and judgment.

## Background Narrative

### Background

As the large “baby boomer” generation of persons born between 1946 and 1964 starts to turn 60 this year, they will begin to have an increasing impact on facilities, services and culture of our society and the Arlington community. By 2030, the first wave of this group will be in their mid-eighties. Recognizing the impact these changes will have, in Spring 2006 the County Board appointed an Elder Readiness Task Force to:

- 1) Assess the County’s readiness to meet the needs of its older residents now and as we approach 2030; and
- 2) Prepare a blueprint for an inclusive, livable community that will ensure that these residents remain engaged in the community and continue to be a vital part of Arlington.

(See Appendix A for the Task Force’s charge from the County Board and list of Task Force members.)

In doing its work, the Task Force learned that elder ready communities:

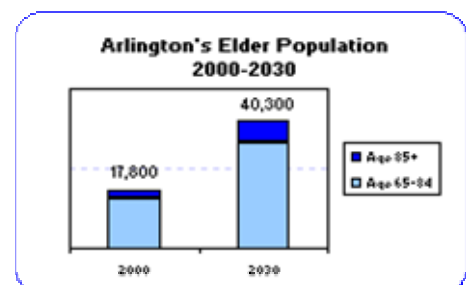
- Provide affordable, appropriate, accessible housing;
- Adjust the physical environment for inclusiveness and accessibility;
- Ensure access to key health and supportive services;
- Ensure accessible, affordable, reliable, safe transportation;
- Provide work, volunteer, and education opportunities;
- Encourage participation in civic, social, and recreational activities.

The Task Force decided not to define “elder,” being sensitive to the diversity among older adults. Various programs define “elder” differently and there is no typical elder. Many programs that are dedicated to elderly participants have different age requirements – and the County cannot change them. The Task Force also recognizes that resources are always limited and there are many competing demands. Therefore, the Task Force focused on effectively building on existing resources as much as possible, and recognized that this is a long-range plan. Many of the recommendations also rely on community, institutional, and volunteer efforts rather than public financing. However, in order to have a real impact on meeting elders’ needs, the Task Force has made some recommendations that will require additional public resources.

### Demographics

Arlington County, Virginia is a small urban county located adjacent to Washington, DC. In 2000, the County’s population was 189,453, of which 17,762 were over the age of 65. By the year 2030, Arlington’s total number of residents age 65 and over is expected to more than double to a total of more than 40,000.

Included in that forecast are nearly 7,000 persons age 85 and



older or about 3,700 more than in 2006. This is the group that presents the greatest challenge in terms of needed housing, transportation and services, yet if these elders are able to remain engaged in the community, it will make Arlington a more vital place to live.

In 2000, 61% of those over 65 were female; 39%, male. Minorities, including those with limited English, constituted 23% of the population over age 60 in 2000. They will form a higher percent of the elder population. Roughly 6,000 (or 37%) were living alone. Over 13% of older households were paying more than 50% of income for housing costs. (See Appendix B for more detailed demographic information.)

Nationally:

- Elders are healthier, but live longer with chronic conditions. Most do not need extensive services.
- Over 3/4 of baby boomers expect to keep working past age 65.
- In 2000, roughly 40% of those in their 50s had no pensions.
- More elders are living alone and have no siblings or children for support.
- 47% of elders over 85 have Alzheimer's disease.

## **Assessment**

Arlington currently has a wide array of services for older adults provided both by the County and by private organizations such as the Red Cross, community groups, and faith-based institutions. These services are listed in an 80-page Directory of Services for Arlington Senior Adults.<sup>1</sup>

The Task Force's recommendations focus on critical gaps in those services and those that will need to increase to meet the growing number of elders. In our discussion below, the Task Force has provided an overview of its recommendations, and identified those it feels are the highest priority and those that can be implemented quickly and easily.

## **Recommendations**

### **Crosscutting/Implementation**

Wider communications between government agencies and the general public are seen as critical ways of improving access to services and increasing an older person's quality of life. This need appeared again and again in all areas the on which the Task Force focused. Elders and family caregivers are not aware of many programs that could benefit them; not all agencies know how their activities impact elders and what is available in other departments; and volunteers and intergenerational programs could do more if they knew more about elder activities and services.

The Task Force strongly recommends that the County develop and implement a communication plan to educate the community on how to plan for needs of persons as they age and provide information about the broad array of senior services and programs currently available. Such a

---

<sup>1</sup> This Directory is available by calling the Agency on Aging at 703-228-1700 or by visiting the County Website at [www.arlingtonva.us](http://www.arlingtonva.us), search "aging." One can also use an online listing of services on the County website by going to [www.arlingtonva.us](http://www.arlingtonva.us) and searching for "senior services."

plan would incorporate print media and video production as well as Arlington radio and TV channels, and develop innovative ways to use current resources, such as senior centers, libraries, and community groups, to let elders and their families know what is available to them and encourage their participation. Designating a volunteer coordinator to recruit, train and supervise persons of all ages who want to work with elders is another way to enrich programming and stimulate intergenerational activities. More non-English communications also are needed.

Each County Department should designate a staff person charged with being knowledgeable about aging issues and able to advocate for elders within that agency. This role might include making internal staff aware of elder programs, adding information in internal agency newsletters, and making sure that any agency publications intended for elders are printed in elder-friendly type and content, including sensitivity to diverse cultures. Convening as a group, these agency representatives could develop a comprehensive menu of opportunities for service and activities, create partnerships with other agencies and break down the boundaries created by working in separate departments. Agencies represented should include those not traditionally focused on aging such as environmental services (for water-sewer-trash collection issues), police (for improved contacts related to serving a growing population with wandering behaviors), the Sheriff's Office (because they are dealing with a growing population of older inmates); as well as agencies with a track record of involvement in aging such as the Department of Human Services and the Department of Parks, Recreation, and Cultural Resources.

A Plan without the means to implement is no Plan. A priority recommendation of the Task Force is the provision of a staff person in the Agency on Aging to oversee implementation of the County Board approved Plan, including periodically evaluating accomplishments and providing annual progress reports to the County Board. Current staff cannot be detailed to undertake these activities because they are conducting federal and state mandated programs.

The Task Force also recommends the identification of a nonprofit entity to undertake the development of volunteer roles suggested throughout the report, manage new projects, and raise funds to support these and other activities for which there is insufficient funding. As a 501(c)(3) tax-exempt organization, this agency, in partnership with the Area Agency on Aging, would have as its mission ensuring that Arlington will be an elder-friendly community by 2030. The Commission on Aging, an ongoing advisory group that is involved with aging issues and programs, should be charged with monitoring the progress of this plan.

## **Housing**

A basic need in an elder-friendly community is an array of housing choices to serve a range of income levels. Currently, housing options (including independent living and assisted living) are available to low-income and higher-income residents. These provide easy access to services. Development of low-income housing has been facilitated through the U.S. Housing and Urban Development Department (HUD) programs, Low Income Housing Tax Credits and tax-exempt financing. (Appendix C lists elder housing options available in 2006.)

A priority recommendation of the Task Force is the completion of the Oak Springs project that will provide the only assisted housing for persons over age 50 with mental, physical or cognitive disabilities. The County has bought the property, transferred it to the non-profit developer and secured a HUD grant of \$4.8 million to rehabilitate the building. With the recent loss of other

federal funds that were to fill the gap in financing and provide supportive services, it is critical that other funds be secured to complete this project.

Currently there also is no supportive housing available to middle-income residents, such as assisted living and life care communities (Continuing Care Retirement Communities). It costs a person a minimum of \$42,000 per year to live in an assisted living residence in Arlington. An older adult who cannot afford this housing has no place to go at this time. The high cost of construction today makes new housing out of reach for moderate- and middle-income elders. Modification of existing buildings is a better solution.

An innovative way to meet the need for supportive housing and another priority Task Force recommendation is to identify mixed- age market apartment buildings with elevators and enhance living choices by providing a “concierge” service. A concierge would be trained to provide information and link the residents to available public and private programs including health services, transportation, recreation and educational opportunities. Residents would pay for services using sliding-scale fees. This program would be most effective in census blocks with high concentrations of residents age 75 and over where easily accessible sidewalks, transit service and shopping already exist.

To enable more elders to remain in their homes, the Zoning Ordinance should be amended to allow flexible options, such as accessory units and co-housing arrangements. It must be noted that elder renters are at a serious disadvantage in being able to finance their future housing needs. A Task Force recommendation that can be done quickly and easily is raising the asset limit in the Housing Grants Program from the current \$35,000 limit to \$200,000. This would also be more comparable to the Real Estate Tax Relief program.

Developers of new Continuing Care Retirement Communities (CCRCs) should be bound by the affordable housing requirements of the Zoning Ordinance. Planning for construction of new public buildings as well as single family and multi-family housing should include principles of visitability and universal design. To encourage this, the County should take the lead in developing a checklist of desirable accessibility features for new construction or remodeling with emphasis on no cost or low cost adaptations.

The Task Force recommends working to change the culture in nursing homes to make them more resident-centered and improve their care. A pilot project to this effect, using models tried elsewhere, would point the way for greater satisfaction of residents. A regional family council, which can be initiated now, would be helpful in hearing and addressing needs of residents. Also, a mechanism for emergency service personnel to report areas of concern at Long Term Care Residences (LTCRs) to the LTCR Commission can also be developed in the short term.

### **Supportive Services and Health Care**

Expanding existing in-home services and developing new ones that will allow older residents to age in their home of choice is a Task Force priority. These services range from homemaker and personal care services and medication management to house cleaning, handyman and chore services. These services need to be expanded to seven days a week. Services such as emergency alert systems need to be available on a sliding fee scale. While such services are offered in Arlington now, frequently there are waiting lists for the service. Another priority is the opening of the Walter Reed Adult Day

Health Care program in south Arlington, including providing subsidies for low-income participants on a sliding scale.

Additionally, there is a dearth of surrogate decision-making services, such as public guardians/conservators, and agents under health and financial powers of attorney for elders who no longer have the capacity to make their own decisions, no family to assist, and insufficient income to pay privately for the service

Mrs. A. is a widow who owns her own home and lives alone. She lives on a modest pension. It can take a lot of support to enable an elder to live alone safely. Using a reverse mortgage has enabled her to purchase some services that make her life better, such as participation in the Madison Adult Day Health Care program three days per week and use of the STAR Assist program for medical appointments. She received an occupational therapy assessment and was able to remodel the bathroom and get a ramp through RPJ Housing. She received help from a Personal Advocate Service volunteer to understand the real estate tax relief program and complete the application. Additionally the Personal Advocate helped her understand her Medicare Explanation of Benefits.

Safety is a concern and one promising solution is assistive technology. Assistive technology provides opportunities for enhancing abilities; it can be something very simple or complex. Public awareness as well as a subsidized program to provide these technologies is necessary. One example of this technology is a medication management service called I-Med which places an electronic device in the home that is pre-filled with a several-day supply of an individual's medications. The device sounds a reminder to push a certain button for the particular medication to be dispensed at that time, and whether the medicine is taken or not is recorded on a computer in the dispensing office for follow-up action if needed. I-Med is an affordable way to postpone the need for more intensive supervision.

Moving along the continuum of housing options, all low income elder complexes should provide assistance with arranging for services. Two of the three buildings (Claridge House and Woodland Hill) built with HUD financing do not offer such assistance. Every eligible building should apply to HUD for its Service Coordinator funds.

The case of Ms. R. illustrates the difference a Service Coordinator can make in the life of an elder with limited resources. Ms. R. came to this country from El Salvador and now at 68 she is mildly forgetful. She worked in food service at just above minimum wage but she does have Social Security and Medicare. Her English is limited. She lives in a HUD-assisted elder complex. The evening meal is included in her rent and the Service Coordinator in her building has arranged Nursing Case Management to help with her medications. Ms. R. receives in-home service for personal care, light housekeeping and laundry four hours per week, uses the Senior Loop for grocery shopping and the Red Cross volunteer program for transportation to medical appointments. She was referred to the DHS Dental Clinic for dentures. How much of this would Ms. R. have discovered without the Service Coordinator?

A current critical need – and one that is sure to grow – is for community based treatment as well as additional public facilities for those with mental health and substance abuse issues. Care facilities should be locally based so that Arlington's elder residents do not have to travel great distances for treatment.

The Task Force also suggests that older residents could be better served by educating providers and County employees who have direct contact with the public on the mental and physical changes that are part of advanced aging, basic information about existing services, and effective strategies for communication. Education on ways to communicate with elders who are hearing or vision impaired improves the older person's wise use of services.

## **Transportation**

Increasing age usually means increasing need for public transportation. Access to health care facilities, social networks, volunteer positions, places of worship and senior centers all help older persons to remain healthy and active in the community. While Arlington offers more transportation options than many communities, there are a number of areas where improvements are needed.

Priority recommendations focus on creating: a resource center for transportation assistance that would be a single source of information on all public and private transportation services; and a mobility management program that would help assess elder's abilities, need for transportation services, and their access to services.

Present transit services (Metrobus and ART) should be expanded to include more routes outside of major transit corridors, more non-rush hour service, and should be made more user-friendly for those with disabilities. Enhanced driver training and customized, personalized rider assistance will improve the transit experience. Safe driving by older individuals should be encouraged by additional training and screening and better assistive technology and roadway engineering. Offering guidance to elders in selecting appropriate vehicles and assistive technology could be implemented fairly quickly. Sidewalks that are easier for walking, education on pedestrian safety, and better space design in neighborhoods will enhance individual mobility. Paratransit services should be expanded to be accessible to all residents who cannot easily use transit and also for the purpose of enticing people out of their automobiles.

## **Community Involvement**

The entire community benefits when elders' community connections remain robust. As volunteers, workers, family members, neighbors, mentors and active citizens, older adults will be important assets to Arlington in the coming years. Effective transportation, communications and access to technology will be important to their civic engagement. So will active cultivation of the recognition that senior adults can be a positive resource for problem solving and creative change.

In fact, older volunteers can help carrying out many of the recommendations of this report. Use of volunteers for outreach and counseling—many of them older—has already proved its value in Arlington in a number of programs. Senior Health Information and Advocacy Program counselors have been helping elders for many years to cope with the confusion of Medicare and other health insurances. More work needs to be done to help elders better understand Medicare Part D, long-term care insurance and home equity conversion. Volunteers could also be trained to help elders make effective use of transportation options and supportive services and to visit elders to make recommendations for improved safety. A cadre of volunteer outreach coordinators trained in cultural sensitivity could bring information to senior centers, civic organizations, and religious groups. At the same time, volunteer outreach coordinators can foster

intergenerational linkages to help older volunteers engage with youth through schools, sports, the arts, and other community building enterprises.

Elders themselves benefit when they remain active in community. Promoting activities and community participation among them leads to better health, less disability, greater independence and lower health care costs later in life. Senior centers are a foundation of such an effort but they will need a “make-over” to attract active elders. Senior center facilities also need improvements such as better acoustics and accessibility to adapt to people’s physical changes as they age. Senior centers can be a one-stop place to gain access to community services including information and referral, short-term counseling, learning about health maintenance strategies, adult education programs and rewarding volunteer opportunities.

### **Legislative Initiatives**

The Task Force recommends working with federal and state legislators to make a variety of changes to Virginia’s Medicaid program and state funding for residential services. Virginia Medicaid criteria for admission to nursing homes are the most restrictive in the nation, denying service to those who would have access to this level of care in other states. The Medicaid reimbursement rates for acute and long-term care services are very low, and raising the personal maintenance allowance would allow elders who would otherwise be in nursing homes to stay at home. Furthermore, the state reimbursement rate for assisted living (the auxiliary grant) is so low that in Northern Virginia it is not possible to provide this level of service without other public funds. It also is important to eliminate HUD requirements that units in assisted living facilities with HUD subsidies have full kitchens.

### **Conclusion**

Arlington has long been considered a good place to live, and with foresight and planning, it can remain so as its population ages. An overlooked benefit of making a community more elder-friendly is that such changes improve the livability not only for elders but also for all residents, including children and persons with disabilities.

It should be recognized that as the growing older population access programs and services, the County will find that current facilities and staff will not be adequate to meet the demand. Steady investment in both will make Arlington an attractive place to grow old as we move toward 2030.

## **Charge Establishing Elder Readiness Task Force**

### **Mission**

The Arlington Elder Readiness Task Force will assess the County's capacity to serve as home to the growing number of older people who will be living in Arlington. The Task Force will concentrate on the areas of housing, transportation, health care, supportive services, and recreation and leisure services.

### **Specific Charge**

The Task Force will:

1. Review models that have been used nationally to assess a community's elder readiness.
2. Inventory existing public and private sector amenities, programs and services available to Arlingtonians. Gather information regarding the expected need and demand for such services based on anticipated senior population.
3. Assess the community to identify gaps in amenities, programs and services. Gather input from the broad community including civic associations, service clubs, church groups, sports and fitness club groups, elders themselves, adult children, and service providers.
4. Coordinate its efforts with groups that are engaged in similar planning operations, for example, the Department of Parks, Recreation and Community Resources "Flourishing after 55" effort and the Northern Virginia Transportation Commission studies on Mobility Needs of Older Northern Virginians.
5. Develop recommendations by early December 2006 that will serve as a blueprint for short-term, medium term and long term actions. The goal of these recommendations will be to identify specific strategies to enable Arlington residents to age in place as integral members of our world-class urban community.

### **Composition**

The Task Force will be composed of members of the following County advisory commissions:

- Commission on Aging,
- Housing Commission,
- Commission for Long-term Care Residences,
- Planning Commission, and
- Transportation Commission;

as well as subject matter experts (e.g., representatives of national and local aging organizations and associations) and other interested persons from the community. The Task Force will be supported by staff from the County's Department of Human Services, as well as the Department of Community Planning and Housing, the Department of Environmental Services, and the Department of Parks, Recreation and Cultural Resources.

**Elder Readiness Task Force Members, Established 2/28/2006**

<b>NAME</b>	<b>REPRESENTING</b>
Seklecki, Mark, Chair	LTC Residences Commission
Basham, Judy	Commission on Aging
Bondi, Melissa	Housing Commission
Bozman, William	At Large
Cole, Steve	Kaiser-Permanente
Cox, Brenda	Commission on Aging
Didio, Farrell	At Large
Gimmler, Franz	Transportation Commission
McMahon, Helen C.	Commission on Aging
Nathan, Joy	LTC Residences Commission
Ngoc-Dung Trinh	At Large
Reponen, Stefanie	Goodwin House Foundation
Retz, Susan	Housing Commission
Thackeray, Brewster	AARP
Weihe, Ted	Planning Commission
Wood, Erica	At Large

## Demographic Profile of Elders in Arlington

**2000 Census:** In 2000 the County's population was 189,453, of which 17,762 (or 9.4%) were age 65+. Of those elders:

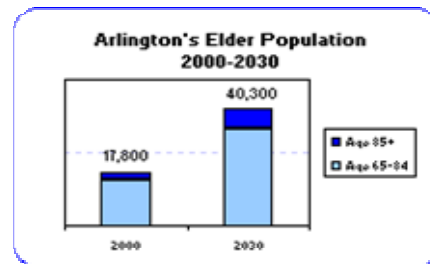
- 61% were female, 39% male.
- 37% (approximately 6,000 persons) lived alone.
- 14.2% of those 65+ (or 2,518 persons) were age 85+.

Some programs use a broader measure of age, age 60 and over. In this category there were 23,509 persons, constituting 12.4% of the total Arlington population.

- 40.1% of those age 60+ (or 9,432 persons) were age 75 and over.
- 10.7% of those age 60+ (or 2,518 persons) were age 85 and over, an increase of 45% over 1990.
- 23.4% or 5,497 persons were minorities.

### **Projected Growth in Elder Population:**

Following the national trend, Arlington's population age 65+ is growing and will more than double by 2030. Those age 85+ will increase even more, growing from 2,518 to almost 7,000 persons.



**Housing:** The 2000 Census found that roughly 37% of all Arlington homeowners and renters age 65 or over have lived in the County more than 30 years (4,459 households in 2000). Over 13% of older households were paying more than 50% of their income for housing costs.

**Minorities:** Minority elders are increasing rapidly. Between the 1990 Census and that of 2000, the African-American population aged 65+ increased by 67.5%, Hispanic numbers increased by 135%, and Asian and Pacific Islanders by 168%. These upward trends are expected to continue.

The following breakdown of minority elders 60+ is available from the 2000 Census:

- 23.4% or 5,497 persons were minorities, including:
  - 2,085 African-Americans,
  - 1,579 Hispanics, and,
  - 1,501 Asian-Pacific Islanders.
- 1,409 households spoke English less than “very well.”

**Income:** Some 2000 Census data on income for elders in Arlington:

- 9.8% of the 17,762 elders 65+ in 2000 had incomes below the federal poverty level.<sup>2</sup>
- 19.1% of the minority population age 65+ had incomes below the federal poverty level.
- 41% of all age 65+ had incomes below 60% of the Washington, DC metropolitan area median family income.<sup>3</sup>

Future projections for the nation as a whole indicate that more than 75% of baby boomers plan to keep working past age 65 and that fewer of them will be homeowners than in previous age cohorts. National data indicate that roughly 40% of persons in their 50s had no pension income other than social security; roughly 20%, no assets.

**Maps:** The following maps are attached:

- A. Population age 65-74
- B. Population age 75+
- C. Block Groups with more than 99 people age 75 and over
- D. Population age 65 and over living alone
- E. Population age 85 and over living alone

---

<sup>2</sup> The 2006 federal poverty level is \$9,800 for a single person and \$13,000 for a couple.

<sup>3</sup> The 2006 estimated median Washington, DC metropolitan family income for a single-person household is \$63,200; for a two-person household, \$72,250. Sixty percent of that median income is \$38,000 for a single person and \$43,350 for a two-person household.

<i><b>Housing Options for Elders, 2006</b></i>				
<i><b>Project Name</b></i>	<i><b>Low Income Units<sup>4</sup></b></i>	<i><b>Middle Income Units</b></i>	<i><b>Higher Income Units</b></i>	<i><b>Total Units</b></i>
<b>Independent Living<sup>5</sup></b>				
Brighton Gardens	0	0	30	30
Carlin, The	162	0	0	162
Claridge House	300	0	0	300
Culpepper Garden I	210	0	0	210
Culpepper Garden II	63	0	0	63
Hunter's Park	74	0	0	74
Jefferson, The	0	0	325	325
Sunrise at Bluemont Park	0	0	128	128
Woodland Hill	235	0	0	235
<b>Total</b>	<b>1,193</b>		<b>483</b>	<b>1,676</b>
<b>Assisted Living</b>				
Brighton Gardens	0	0	130	130
Culpepper Garden III (30 of 73 for very low income)	73	0	0	73
Jefferson, The	0	0	66	66
Sunrise Assisted Living of Arlington	0	0	47	47
Sunrise at Bluemont Park	0	0	47	47
<b>Total</b>	<b>73</b>		<b>320</b>	<b>363</b>
<b>Continuing Care Retirement Communities</b>				
Jefferson, The (Units counted above)				
				<i><b>Total Beds</b></i>
<b>Nursing &amp; Rehabilitation Centers</b>				
Cherrydale Health and Rehabilitation Center				240
HCR/Manor Care - Arlington				171
Jefferson, The				31
Potomac Center - Genesis HealthCare Network				240
<b>Total</b>				<b>682</b>

Some persons are served by Community Care Homes (Adult Foster Care Homes). These homes, which may serve no more than three persons, are neither licensed by the State nor monitored by any government agencies.

<sup>4</sup> These Committed Affordable Units (CAFs) serve households with incomes below 60% of median.

<sup>5</sup> Elmwood House (50 units) and Lockwood House (99 units) provide independent living to low income households. These units are located on the border between Arlington and Fairfax and are not part of Arlington's supply of CAF units. Occupants are Fairfax County residents. They vote and receive social services and recreational services from Fairfax. Because street access to the buildings is in Arlington, residents receive Police, Fire, trash collection, water and sewer services through Arlington.