NOTICE TO ALL INTERESTED GRANT COUNTY CITIZENS

Your help is needed to develop the 2026 programs and plans for the Grant County Department of Social Services, Unified Community Service of Grant and Iowa Counties.

PUBLIC HEARING

A public hearing will be held on <u>Monday, July 7th at 5:00pm</u> Via Zoom and at the Community Service Building, 8820 Hwy 35/61 South, Lancaster, Wisconsin. If you are unable to attend this hearing, please complete the following questionnaire or send your personal letter to Grant County Department of Social Services, ATTN: LeaAnne Smith, PO Box 447, Lancaster WI 53813 or ATTN: Holly Knapp, 200 W Alona LN, Lancaster, WI 53813 by August 31, 2025.

Holly Knapp, 200 W Alona LN, Lancaster, WI 53813 by August 31, 2025.								
This questionnaire and the hearing <u>do not</u> apply to financial assistance programs administered by the Department of Social Services.								
QUESTIONNAIRE								
The following groups of citizens receive services from Unified Community Services, Department of Social Services. For each group, please check if you believe that the current level of services to the following target groups should remain about the same, be increased, or be decreased.								
If you check "increase" or "decrease," please specify which services and/or give examples under that group.								
1.	Abused or neglected children: Comments:	□ same	□ increase	□ decrease				
2.	Mental Health: Comments:	□ same	□ increase	□ decrease				
3.	Delinquents: Comments:	□ same	□ increase	□ decrease				
4.	Substance use treatment: Comments:	□ same	□ increase	□ decrease				
5.	Victims of Domestic abuse: Comments:	□ same	□ increase	□ decrease				

□ increase

□ same

□ decrease

6. Developmental Disabilities:

Commen	is.							
7. Unmarried Commer		□ same	□ increase	□ decrease				
8. Elderly: Commen	ts:	□ same	□ increase	□ decrease				
9. Physically Commen		□ same	□ increase	□ decrease				
10. Children Comme	and Families: nts:	□ same	□ increase	□ decrease				
11. Transpo		□ same	□ increase	□ decrease				
Additional Comments:								
In the past year, have you or your immediate family received services from:								
	Unified Community Services Department of Social Services		□ Yes □ No □ Yes □ No					
Please comment on the services received:								
Thank you for your help. Sign your name if you wish:								

(Examples: Autism, cerebral palsy, intellectual disability, or other neurological condition.

PLEASE FOLD AND MAIL TO ADDRESS BELOW

Grant County Department of Social Services OR Unified Community Services
ATTN: LeaAnne Smith ATTN: Holly Knapp
PO BOX 447 200 W Alona LN
Lancaster WI 53813 Lancaster, WI 53813