

# Golden Roundup

August 2012

## Prayers For Cancer

See page 8



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**The Roundup**

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1-406-433-3306

[info@roundupweb.com](mailto:info@roundupweb.com)

# If It's Time

# To Sell The Farm



Staci Miller

By Staci Miller

In increasing numbers, it seems couples that have built their life around the family farm in America are facing a new dilemma as they reach retirement age. In many cases the farm is producing no more than 2 to 3% of its market value in an income stream. In today's society, the children often have little or no interest in carrying on the farming tradition of Mom and Dad. And the prospect of relying on this asset for significant retirement income while having to pay someone else to run the farm is not an attractive one.

Selling the farm outright is less than ideal for two reasons. First, the couple would like to continue to live in the farm residence. Second, the farm represents the vast majority of the couple's estate and, therefore, their children's inheritance. The tax consequences of a sale would drastically reduce estate value around which they have built retirement plans, as well as the inheritance they wish to leave for children.

Is it possible for the couple to find a way to increase their retirement income (perhaps without even having to move out of the farm residence!) and still provide an inheritance for their children?

Thankfully, the answer is yes. In fact, a number of options are available for the couple's consideration. The Foundation for Community Care offers a detailed look at how careful planning can help you achieve your objectives for retirement as well as for family.

## The Right To Live In The Residence

Many families find themselves in a position to retire from farming. It is not unusual for many in this position to dread the idea of moving from the residence they have occupied for most of their adult lives. In fact, many couples are enthusiastic about a plan that allows them to deed the homestead to charity, receive an immediate charitable income tax deduction, and remain in the home for the rest of their lives.

## A Springboard To The Golden Years

In spite of the misgivings that surely come in the midst of a decision to sell the farm after investing a lifetime in its productivity, this can mark the beginning of an exciting new era. And thanks to a number of planning options that are at your fingertips, the value represented by the farm can represent significant value in the retirement years.

The fact is that U.S. tax laws provide for a wide variety of planning options designed to help individuals and families make specific plans that achieve specific objectives.

If you would like to see a personalized example of how this option could deliver immediate tax benefits, and make a dramatic philanthropic statement, please call or write the Foundation for Community Care, Attention Staci Miller, 221 2nd Street NW, Sidney, MT 59270, 406-488-2273 or send us an email at [smiller@foundationforcommunitycare.org](mailto:smiller@foundationforcommunitycare.org).

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# Sidney Welcomes New Chiropractor, Diet Center

Dr. Dale Speiser drove through Sidney on a little road trip a few months ago and knew as soon as he hit town this was the place for him. After getting a fifth wheel and finding space in the Yellowstone Mall, he was ready to start working. Dr. Dale was born in Miles City, MT, and has lived in both the eastern and western parts of the state. His family goes back generations in the Ekalaka and Forsyth areas. Dr. Dale did most of his undergraduate work in Rexburg, ID and Las Vegas, NV, and attended graduate school in Davenport, Iowa where he graduated in 1991 from Palmer College of Chiropractic with a bachelors of science and a doctor of chiropractic degree. In

addition to the practice of chiropractic Dr. Speiser has developed and operated two women's gyms and has been the team doctor for a couple of high school wrestling teams. In addition to adults and geriatrics, Dr. Dale works on children and babies.

Dr. Dale is accompanied in his new clinic by his wife Sharon. Sharon has been a practicing RN for over 30 years but decided she wanted to pursue something new that she has passion for. In addition to a chiropractic clinic, Dr. Dale and Sharon are operating a diet center designed to help both men and women lose unhealthy weight. Both have benefited from weight loss programs and have seen the remarkable differences in their patients who lost weight. The greatest benefits aside from fitting in old clothes, has been seen in; decreased high blood pressure, cholesterol and blood sugar problems. Sharon, who worked for years on a floor where stroke and heart attack victims were treated, realized that many of those problems could have been prevented with weight loss and change of



**Dr. Dale Speiser and his wife Sharon**

life style. This has motivated her to maintain a healthy lifestyle and want to help others to reach their weight loss goals and prevent health problems.

Sharon graduated from high school in Glasglow, MT, and attended nursing school in Havre, MT, where she received her RN degree. After graduation she first worked a short time in Gillette, WY, before moving to Glendive, MT, where she worked for 10 years. Sharon then relocated to Billings, MT, where she worked at Billings Clinic (formerly Deaconess Hospital) for more than 20 years before retiring to become a diet coach and working with her husband in his clinic.

People have been asking if they are here part or full time and the answer is full time. Right now they are open long hours and 5-6 days per week until they can decide what will benefit the community most. They are currently accepting new patients for both chiropractic care and weight loss.

Call them at 406-973-9730 to schedule an appointment.

# Golden Roundup INFORMATION

Mail or email your comments about the Golden Roundup publication or any of the stories we carry.

We ask our readers to submit stories, photos and advertising for publication. Photos are always welcome.

The address is P.O. Box 1207, Sidney, MT 59270 and the email is info@roundupweb.com or any of the other emails we have listed. The phone number is 1-406-433-3306 or toll free 1-800-749-3306. We also appreciate your advertising.

The Golden Roundup is distributed the Wednesday closest to the middle of each month. The September news and ad deadline is September 5.

Jody Wells, Publisher  
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## Visiting Physicians

• *August 2012* •

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**7 - Dr. Erdal Diri** - Rheumatologist

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# Medical Identity Theft Rising: Steps To Protect Yourself

(ARA) - Two million Americans fall victim to medical identity theft each year, according to a study by the Ponemon Institute, commissioned by Experian's ProtectMyID. While medical identity theft costs victims an average of \$22,346, the potential impact can be far greater - medical identity theft could cost some victims their health, or even their lives.

Medical identity theft involves the theft of personal information - such as your name, Social Security number or Medicare number - to obtain medical care, purchase drugs or submit false claims to Medicare. The crime can damage a victim's credit rating and even be life-threatening if it causes incorrect information to appear in a victim's personal medical records, warns the U.S. Department of Health and Human Service's Office of the Inspector General (OIG).

According to the study, while more Americans now understand just what medical identity theft is, few are taking the key steps that could help prevent it. Only 57 percent of survey respondents check their medical records for accuracy, and nearly one in five (18 percent) say they don't care about the accuracy of their medical records.

"There are specific things that people can and should do to protect themselves from medical identity theft," says Ken Chaplin, senior vice president of ProtectMyID. "People have to be vigilant with their personal information and avoid letting their guard down, even with family and friends."

The Federal Trade Commission recommends you take these steps to help prevent medical identity theft:

\* Before you share medical information with anyone, verify who you're talking to. Never provide information over the phone or through the mail unless you initiated the contact and you're confident you're dealing with a legitimate organization. Be aware that medical identity thieves often try to scam consumers by posing as representatives of insurance companies, doctor's offices, pharmacies and even

government agencies.

\* Protect your information. Keep paper copies of medical or insurance records and forms in a secure, locked file or drawer. When managing your health or insurance accounts online, be wary of any site that asks you to share sensitive information like your Social Security number, insurance account number or details of your medical conditions. Look for the hallmarks that a website is secure, including a web address (URL) that begins with "https" (the "s" stands for "secure") and a lock symbol in the lower right-hand corner of the page.

\* Picking through trash is a common ploy of identity thieves. Shred your discarded health insurance forms, bills and medical records before disposing of them. Destroy the labels on your prescription pill bottles and packages before throwing them away.

The OIG also offers tips for medical identity theft protection, including:

\* Treat your Medicare and Social Security numbers and cards as carefully as you would your credit cards.

\* Be wary of anyone who asks for your Medicare number in exchange for "free" medical equipment or services. If what they're offering is really free, they shouldn't need your numbers.

\* Never let anyone use your Medicare ID card. The Ponemon survey found that a growing number of survey respondents (5 percent more in 2012 than in 2011) have allowed a family member to use their personal identification to obtain medical services, including treatment, healthcare products or pharmaceuticals. Doing so is against the law, and may afford unscrupulous individuals the chance to use that information for unauthorized purposes.

According to the Ponemon survey, it takes, on average, about a year to resolve an instance of medical identity theft, and a quarter of the survey respondents said it took more than two years. As with a serious medical issue, resolution can be made more challenging depending on how long the problem is allowed to fester.

Take an active role in protecting your medical information from identity thieves. Check your medical records regularly and keep an eye on all your financial and credit accounts. Products like ProtectMyID can help. A comprehensive identity theft detection, protection and resolution product, it can help you prevent the damages caused by identity theft.

"Medical identity theft hits consumers both medically and financially," says Dr. Larry Ponemon, chairman and founder of the Ponemon Institute. "For three years in a row, our findings have consistently shown that medical identity theft crime continues to increase in terms of prevalence and costs to the victim."



# VA Expanding Burial Options In Rural Areas

The Department of Veterans Affairs recently announced that it is moving forward with a plan to provide burial services for Veterans in rural areas where there are no available VA national cemeteries, state Veterans cemeteries or tribal Veterans cemeteries.

"VA is committed to improving service to Veterans in rural areas," said Secretary of Veterans Affairs Eric K. Shinseki. "Through an innovative partnership with existing cemeteries, we will be able to ensure burial for Veterans in more locations that meet the high standards of national shrines."

Under the Rural Initiative plan, VA will build small National Veterans Burial Grounds within existing public or private cemeteries in rural areas where the unserved Veteran population is 25,000 or less within a 75-mile radius.

VA plans to open eight National Veterans Burial Grounds in Fargo, N.D.; Rhinelander, Wis.; Cheyenne, Wyo.; Laurel, Mont.; Idaho Falls, Idaho; Cedar City, Utah; St. Stephen, Maine; and Elko, Nev.

VA officials will announce further details about the eight new burial grounds as information becomes available. This new initiative will make VA burial options available to more than 136,000 Veterans and their eligible dependents.

A National Veterans Burial Ground will be a small, VA-

managed section of three to five acres within an existing public or private cemetery. VA will provide a full range of burial options and control the operation and maintenance of these lots. These sections will be held to the same "national shrine" standards as VA-run national cemeteries.

VA is still evaluating suitable sites for its Rural Initiative in other areas. In Laurel, Mont., VA is exploring with local officials the feasibility of acquiring a portion of the Yellowstone County Veterans Cemetery to establish as a National Veterans Burial Ground.

VA operates 131 national cemeteries in 39 states and Puerto Rico and 33 soldiers' lots and monument sites. Nearly four million Americans, including Veterans of every war and conflict — from the Revolutionary War to the current conflicts in Iraq and Afghanistan — are buried in VA's national cemeteries on more than 19,000 acres.

Veterans with a discharge issued under conditions other than dishonorable, their spouses and eligible dependent children can be buried in a VA national cemetery. Other burial benefits available for all eligible Veterans, regardless of whether they are buried in a national cemetery or a private cemetery, include a burial flag, a Presidential Memorial Certificate and a government headstone, grave marker or medallion.

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# Lonsdale Methodist Church Pastor Leads Cancer Prayer Service



**Rev. Vicki Waddington in the Lonsdale United Methodist Church in Sidney.**

**By Linda Welch**

She wears a bright pink dress with a large Art Deco, pastel-jeweled cross at her neck. Her nails are painted with a muted purple glitter polish. She makes it look stylish and pretty. She has soft blond hair (with a touch of grey), and speaks with a warm, pleasant voice. They call her Pastor Vicki.

For the last three years, Vicki Waddington has led a prayer service in Sidney, Montana for people touched by cancer-survivors, caregivers, family and friends.

Her hope is that it gives them a place to acknowledge the pains and difficulties that come with cancer, finding in community the comfort and assurance that others understand and walk with them. She especially hopes to convey that God is with them on their journey.

This service gives her an opportunity to interact with those who are fighting cancer- what it means and how it is to learn to be a caregiver. "They teach me more than I offer them."



There are a significant number of people affected by cancer in the community of Sidney. "Cancer is a terrifying disease—the natural instinct is to draw into oneself. A loving community can offer help and support and show them it's OK to ask for and accept help—in whatever form that comes."

During the service, attendees are given a program with lyrics to songs and a blank index card, so that they can write down the names of people they wish to have included in prayers. They are welcome to go up to the altar and light a candle for hope, comfort, and peace.

The purpose in starting the Prayer Service was to find some way for the church to acknowledge the work of the Relay For Life; attempting to offer support, encouragement and strength to the Relay teams, and everyone involved. The service is given a few days before the Relay each year.

She believes in the power of intercessory prayer. "It's OK to pray not only for people we know, but people we don't know. Put yourself in their shoes for a while. If I were in this



**Lonsdale United Methodist Church is located at 205 3rd Ave. SE, Sidney.**

situation, what would I ask for? Comfort, release from fear, compassion, patience, the presence of the Healing Christ." For Pastor Vicki, it's all about love.

Vicki Waddington leads the congregation at Lonsdale United Methodist Church, 205 3<sup>rd</sup> Ave. SE in Sidney.

## **VA Announces Grants In MT To Help End Veterans Homelessness**

### **Initiative Targets 42,000 Homeless, At-Risk Vets and Families Nationwide**

Secretary of Veterans Affairs Eric K. Shinseki recently announced the award of \$365,000.00 in homeless prevention grants to the MT counties of: Big Horn, Carbon, Stillwater, Sweet Grass and Yellowstone. The grants will serve approximately 75 homeless and at-risk Veteran families as part of the Supportive Services for Veteran Families (SSVF) program. This award will serve Veteran families associated with Volunteers of America Northern Rockies, one of 151 community agencies in 49 states and the District of Columbia to receive a grant.

"We are committed to ending Veteran homelessness in America," said Shinseki. "These grants will help VA and community organizations reach out and prevent at-risk Veterans from losing their homes."

Under the Supportive Services for Veteran Families program, VA is awarding grants to private non-profit organizations and consumer cooperatives that provide services to very low-income Veteran families living in — or transitioning to — permanent housing. Those community organizations provide a range of services that promote housing stability among eligible very low income Veteran families.

Under the grants, homeless providers will offer Veterans and their family members outreach, case management,

assistance in obtaining VA benefits and assistance in getting other public benefits. Community-based groups can offer temporary financial assistance on behalf of Veterans for rent payments, utility payments, security deposits and moving costs.

VA estimates these grants will serve approximately 42,000 homeless and at-risk Veteran families nationwide. This is the program's second year. Last year, VA provided about \$60 million to assist 22,000 Veterans and family members.

In 2009, President Obama and Secretary Shinseki announced the federal government's goal to end Veteran homelessness by 2015. The grants are intended to help accomplish that goal. According to the 2011 Annual Homelessness Assessment Report to Congress, homelessness among Veterans has declined 12 percent since January 2010.

Through the homeless Veterans initiative, VA committed \$800 million in FY 2011 to strengthen programs that prevent and end homelessness among Veterans. VA provides a range of services to homeless Veterans, including health care, housing, job training, and education.

# Making Medicare Make Sense

## Answers To Some of The Most Commonly Asked Medicare Questions

**Q: I am hearing stories about rebates on health insurance premiums. What is the story behind these rebates? Do I get one?**

A: Many insurance companies spend a substantial portion of consumers' premium dollars on administrative costs and profits, including executive salaries, overhead, and marketing. The bigger this portion is, the less health care is provided to you for each premium dollar you spend. Thanks to the Affordable Care Act, consumers will now receive more value for this premium dollar, because insurance companies will be required to spend 80 to 85 percent of premiums on medical care and health care quality improvement, rather than on administrative costs. If they don't, the insurance companies will be required to provide a rebate to their customers starting this year. This percentage is called the Medical Loss Ratio. This regulation will make the insurance marketplace more transparent and make it easier for consumers to purchase plans that provide better value for their money.

This is especially important to consumers who purchase coverage in the individual market. 45% of plans sold in this market spend 25 cents or more of each premium dollar on administration. And in some extreme cases, insurance plans spend more than 50 percent of every premium dollar on administrative costs.

The law requires insurers selling policies to individuals or small groups to **spend at least 80% of premiums** on direct medical care and efforts to improve the quality of care. Insurers selling to large groups (usually 50 or more employees) **must spend 85% of premiums** on care and quality improvement.

If you are a policyholder in a plan that doesn't meet these standards, you may be eligible for a rebate.

**Q: Who qualifies for rebates, and how are they paid?**

A: This rule does not apply to employers who operate what is called a self-insured plan. If you're not sure whether

your plan matches this description, ask your employer or check your plan materials.

Your health insurance company must report yearly to the Secretary of Health and Human Services on the share of premium dollars spent on health care services and quality improvement and any rebates required. The first report, covering calendar year 2011, was filed June 1, 2012. Information about which companies did not meet the standards is now posted at <http://companyprofiles.healthcare.gov>. Note that amounts shown are averages among all policies issued by a given company, and may vary for your specific plan.

In addition, consumers in every state will receive a notice from their insurance company informing them of the 80/20 or 85/15 rule, whether their company met the standard, and, if not, how much of difference between what the insurer did and did not spend, but were required to, on medical care and quality improvement will be returned to them. If you are going to receive a rebate, your insurance company must provide this notice, and a rebate for the difference, no later than August 1 each year, starting in 2012. If you are owed a rebate you will receive a reduction in your premiums, a rebate check—or, if you paid by credit card or debit card, a lump sum reimbursement to your account. If your employer paid all or part of your premium, the same share of any rebate may go to your employer. In 2012 average rebates per person could total \$164 in the individual market. Employers can also use your share of the rebate to lower future premiums, rather than paying you directly.

If you are not owed a rebate, the notice can be sent later, and included with other mailings sent by your insurance company.

For many consumers, the 80/20 (or 85/15) rules motivated their plans to lower prices or improve their coverage to meet the standard. This is one of the ways this provision in the Affordable Care Act is bringing value to consumers for their health care dollars.

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# Congregate, Home-Delivered Meals Program Registration

**By Karen Quick, Aging Services Unit  
NW Human Service Center**

If you know anyone age 60 or older in Divide, McKenzie or Williams counties, think about congregate or home-delivered meals for them.

Eligible clients:

\*Individuals age 60 and older and their spouses, regardless of age.

Individuals under age 60 (except for spouses) may receive a meal only when it will not deprive an eligible client the opportunity to receive a meal.

Individuals under age 60 (except for spouses) must pay the full cost of the meal unless one of the three criteria listed below is met:

\*Volunteers under age 60 providing meal services during meal hours - they must help in the kitchen or dining room or in delivery of home-delivered meals that day in order to be eligible.

\*Individuals with disabilities under age 60. The contract entity may make nutrition services available to individuals with disabilities under age 60 who reside in a housing facility primarily occupied by older individuals where there is a Title III congregate meal site when provision of the service does not prevent the participation of individuals age 60 and older and their spouse. If home-delivered meals are offered at the meal site, the individual with a disability under age 60 must meet eligibility. The individual is only eligible to receive nutrition services that are provided at the housing facility where he or she resides. Specific housing facility meal sites: Watford City Senior Center, Prairie View, Bethel Heritage Manor and the new Williston Senior Apartment Homes, 24th Ave. W.

\*Individuals under the age of 60 with disabilities residing with eligible clients

There are meal sites in Noonan, Crosby, Watford City and Williston.

Home-delivered meals criteria include:

Client must be homebound because of physical incapacity, mental or social conditions, or isolation. A person is considered homebound when one or more of the following exist:

Limited physical mobility;

Emotional or psychological impairments that prohibit participation at a congregate site;

Remote geographic location where no congregate meal site exists; or

Remote geographic location that prohibits accessing the meal site due to transportation issues. (meals have been shipped to persons in remote geographic locations)

Eligibility for home-delivered meals must be determined using the SAMS Home-Delivered Meal Program Registration form. Initial determination of eligibility by the Williston Senior Center may be accomplished by telephone. Within two weeks after beginning meal service, the Williston Senior Center must complete a home visit and the SAMS Home-Delivered Meal Program Registration form must be completed to verify eligibility.

Clients are provided the opportunity to contribute to the cost of services received. Any form of periodic correspondence resembling a billing for number of services received by a client is prohibited. No client is denied service due to inability or unwillingness to contribute. A suggested contribution schedule that considers the income ranges of older individuals may be developed. Means tests shall not be used for any service supported by Older Americans Act funds. Service contributions for nutrition services are used to expand nutrition services. Service contributions for nutrition services may include food stamps.

Each service provider must choose to do one of the following: 1) Publicly display at service locations and provide to clients served at home, the full cost of the nutrition service, with information indicating that clients may, but are not required to contribute for the nutrition service; or 2) Publicly display at service locations and provide to clients served at home, the full cost of the nutrition service and the suggested contribution, with information indicating that clients may, but are not required to contribute for the nutrition service. Measures are taken to protect the privacy of each client with respect to his or her contribution.

Ineligible participants are required to pay the full cost of the nutrition service.

Drop off or mail the registration forms to Williston Council for the Aging, Inc., 18 Main St., Williston, ND 58801 or fax to 701-577-7364 and call them at 701-577-6751 (enter the name of the meal site that they want to participate in at the bottom of the form) and ask for the phone number for that particular site so the consumer can call to make a reservation each day before they want to eat. The meal sites are open 3-5 days a week for congregate; (has to be a minimum of 3 days for congregate sites) and the home-delivered meals must be offered as a minimum of 5 days a week. They sometimes offer frozen meals for the week-ends and holidays for the home-delivered meals clients.

# In Montana, 49,819 With Medicare Get Free Preventive Services

Affordable Care Act made many preventive services no cost to beneficiaries.

In Montana, the Affordable Care Act – the new health care law – helped 49,819 with original Medicare get at least one preventive service at no cost to them during the first six months of 2012, Health and Human Services (HHS) Secretary Kathleen Sebelius announced. This is 35% of those eligible for these services in Montana. This figure also includes 6,489 in Montana who have taken advantage of the Annual Wellness Visit provided by the Affordable Care Act.

Nationwide, over 16 million with original Medicare received at least one preventive service at no cost to them so far in 2012, including 1.35 million who have had an Annual Wellness Visit. In 2011, 32.5 million people in Medicare received one or more preventive benefits free of charge.

"Millions of Americans are getting cancer screenings, mammograms and other preventive services for free thanks to the health care law," said Secretary Sebelius. "These

new benefits, made possible through the health care law, are helping people stay healthy by giving them the tools they need to prevent health problems before they happen."

Prior to 2011, people with Medicare faced cost-sharing for many preventive benefits such as cancer screenings. Through the Affordable Care Act, preventive benefits are offered free of charge to beneficiaries, with no deductible or co-pay, so that cost is no longer a barrier for seniors who want to stay healthy and treat problems early.

The law also added an important new service for people with Medicare — an Annual Wellness Visit with the doctor of their choice— at no cost to beneficiaries.

To learn what screenings, vaccinations and other preventive services doctors recommend for you and those you care about, please visit the my health finder tool at [www.healthfinder.gov](http://www.healthfinder.gov)

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# Take this sleep quiz

## and share the answers with your doctor

Good sleep is an important part of overall health. Knowing you have a sleep disorder, and getting help for it, can prevent suffering and stress. Once your doctor is aware that you have trouble sleeping, he or she can find out why this is so and determine the right treatment for you. So, please take a few minutes to fill out this questionnaire. *Then, bring it into the examination room to discuss your sleep habits with your doctor.*

- Over the past month, how would you rate the quality of your sleep?
  - Very good     Fairly good
  - Fairly poor     Very poor
- Over the past month, approximately how many total hours of sleep did you actually get per night on average, not counting time awake?
  - 7–8 hours     6–7 hours
  - 5–6 hours     Less than 5 hours
- Over the past month, has it usually taken you more than 30 minutes to fall asleep?
  - Yes     No
- Over the past month, approximately how often did you wake up in the middle of each night?
  - 0–1 time     2–3 times
  - 4–5 times     More than 5 times
- Over the past month, how frequently did you wake up too early in the morning and not get back to sleep?
  - Never     Sometimes
  - Usually     Always
- In the past month, have you felt that you've slept the whole night but still felt tired during the day?
  - Never     Sometimes
  - Usually     Always
- Over the past month, have you found it hard to concentrate at work?
  - Never     Sometimes
  - Usually     Always
- Over the past month, how sleepy did you feel during the daytime?
  - Not at all     A little bit
  - Quite a bit     A lot
- In the past month, on how many nights, if any, did you take a nonprescription medication to help you sleep?
  - Less than 6 nights     6–14 nights
  - 15–20 nights     More than 20 nights
- What is your employment status?  
(Check all that apply.)
  - Day shift     Homemaker
  - Night shift     Retired
  - Rotating shift     Unemployed
  - Employed full-time
  - Employed part-time

# Fairview Memories

The Fairview News

THURSDAY, JULY 31, 1941

AN INDEPENDENT NEWS PAPER

## Oiled Highway Connecting Fairview, Sidney And Culbertson Nearly Done

Great benefit and satisfaction of the traveling public in eastern Montana and particularly Richland county, will be felt with the completion of the new oiled highway connecting Culbertson, Fairview and Sidney. The highway is nearly completed and it is understood that within a short time will receive its final seal coat of oil.

The necessity of this highway has been urged for many years. Culbertson, Sidney and Fairview have all worked collectively and separately on the project and finally last year the grading and gravel surfacing was accomplished with the blacktop undertaken this summer by the state's own equipment.

It is certain that thousands of people will use and enjoy this new highway to the fullest. The road is the final link in this section to connect all-weather surfacing with transcontinental highways 2 and 10. It will likewise be used extensively through the thickly populated districts as a farm to market road. Completion of the road will now allow people to travel out of the valley to the

south. There yet remains work to be done by the state of North Dakota to the east of Fairview and when this is placed in similar condition the traveling public can enter or leave Yellowstone valley from every important direction.

The work to bring about the nearly complete highway has been a tremendous effort on the part of all concerned. Its importance has been expounded through the terms of three governors and highway commissions. Finally during the term of Governor Roy Ayers the project was actually commenced and its completion this year is great satisfaction to all.

For a time controversies held the road in deadlock over its location. It was then decided to build the road from Culbertson to Sidney and connect it with Fairview via the township line.

## First REA Continues Much Needed Development In This Territory

With two extensions under construction by the Rural Electrification association this section of the country again takes the leading step in rural development and indirectly is performing a new service in the national defense program.

It was the privilege of this valley to build the first REA line in the state of Montana and North Dakota, and it is a similar privilege for the local association to continually improve and develop their lines for the benefit of other adjacent localities.

Defense of our country means more than defending it in actual combat. In the opinion of one local farmer. It means defending it to function as the early fathers intended. In trying to make democracy work better there is need for more home and farm owners in rural America who enjoy their type of life and feel they are compensated equally to people in larger centers.

Rural electrification has definitely created a back to the farm movement because drugery has been taken from the farm and ranch life as it was 30 years ago. Today rural America has equal benefits of the metropolis and besides that an independent life can be maintained in comparison to the city.

Thousands of farm homes have been modernized in the last few years and because of cheap power rural people can have every conceivable convenience known to city life.

The REA is mainly responsible for this change and far-sighted directors of the organization know that the work is just started-much of rural America has yet to receive these benefits.

The benefits of Fort Peck will probably tie into the general program in this section, not only in modernizing farm homes but in furnishing cheap power for further irrigation development. When completed with other things it will mean a new era in the agricultural northwest.

The present Lower Yellowstone Valley REA line extension will include about 40 miles and bring electricity to about 100 new members. No doubt other extensions will be made. The dryland is worthy of these benefits and when proper routes can be arranged will no doubt get the much needed extensions.

For the first and subsequent REA developments in this section, the people are to be commended and the local board and management are responsible for this expanding and necessary program. Financial success is sure to follow and rural America will be the richer in dollars as well as in living.

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