
Frequently Asked Questions on the Older Iowans Legal Assistance Program

**Thank you for contacting the Older Iowans Legal Assistance Program.
The program receives funding under Title-IIB of the Older Americans Act
and additional support from local contributions**

***Question:* Is there a fee for this service?**

Answer: There is no fee to the client for this service. This legal assistance program is funded by the Older Americans Act, Iowa Department on Aging and the local Area Agency on Aging. A voluntary contribution to the program to expand the services available is possible and appreciated. Donations help provide more legal assistance to other older Iowan's in need.

***Question:* How much should I contribute?**

Answer: The actual cost of a unit of service is \$_____. A recommended voluntary contribution is \$_____. However, we appreciate any contribution that is comfortable to you. If you choose to donate, please make checks payable to the_____, Address, City, IA, and Zip

***Question:* What does the service cost the Area Agency on Aging?**

Answer: The Area Agency on Aging funds a specific amount of attorney hours at the cost of \$_____ an hour. Once these funds have been used, the service is unavailable until additional funding is received.

Contributions are appreciated and help to ensure the continuation of the program. Contributions are voluntary and confidential and future assistance will not be denied because a contribution is not given.

THANK YOU

Possible Add on:

There is no fee for the legal assistance in preparing the (power of attorney, etc), but if you are able to make a donation to _____, we certainly appreciate it. Suggested donations for the power of attorney are \$25.00 but donations of any amount are welcome. The actual cost for the service is \$_____.

This service is provided through _____ Area Agency on Aging Legal Services program. There are no fees charged for this service but we do accept donations to _____ for the legal assistance program. Your donation helps to provide legal services to other older individuals in this area. If you choose to donate, please make checks payable to _____ and mail to the following address:

**Legal Assistance Program
Street address
City, State, Zip**