

August 17, 2020

FAUCI: 5 THINGS AMERICANS CAN DO TO AVOID ANOTHER LOCKDOWN

by Rachel Nania, AARP, August 6, 2020

Full article at <https://www.aarp.org/health/conditions-treatments/info-2020/fauci-coronavirus-lockdown-recommendations.html?intcmp=AE-HP-LL1>

According to the nation's top infectious disease expert, all it takes is a willingness from everyone to adhere to five "fundamental principles."

1. Wear a face mask in public.
2. Keep a distance of at least 6 feet from others.
3. Avoid crowded indoor settings, such as bars.
4. Stay away from large gatherings of any kind, indoors or outdoors.
5. Wash hands often.

Asymptomatic cases are driving U.S. spread

But getting everybody to follow the same guidelines has not been easy.

One factor that has interfered with a more "unified" public response to the pandemic is the high percentage of asymptomatic cases. Experts, including Fauci, estimate as many as 40 percent of people who become infected with the coronavirus (SARS-CoV-2) never develop symptoms of the illness it causes (COVID-19); some who contract the virus experience only mild symptoms.

"You have some people who know, statistically, that it's not going to bother them because the chances are they're not going to get symptoms. And even if they do, they are going to be mild," Fauci said. When communities gave the green light to reopen "in a measured, prudent way" after the initial shutdowns, some people played by the rules, Fauci said, while others, who likely presumed their risk of severe illness was low, did not. Pictures of people packed into bars and house parties flooded the internet.

However, what's often misunderstood is that "even though you are likely not going to get symptoms, you are propagating the outbreak" and potentially passing the virus to someone who could become seriously ill or die from the infection, Fauci explained.

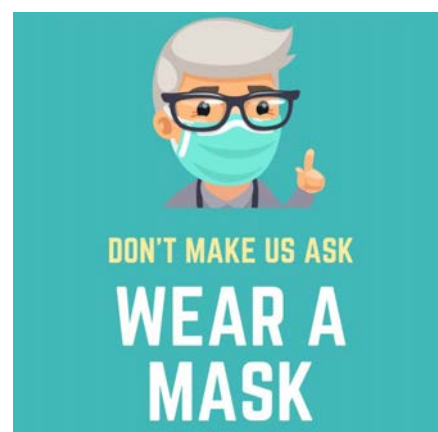
Public health experts for the past several months have stressed the importance of face masks when it comes to preventing asymptomatic individuals from spreading SARS-CoV-2 to others. Cloth face coverings act as a barrier to deter virus-containing particles from escaping an infected individual and landing on another person, Ron Waldman, M.D., professor of global health at the George Washington University Milken Institute School of Public Health, explained in a previous interview with AARP. And when worn collectively, masks have the ability to reduce the amount of virus circulating in a community.

A July report from the Institute for Health Metrics and Evaluation at the University of Washington predicts face masks could save more than 45,000 lives in the next few months if at least 95 percent of people wear them in public.

In this issue:

Informative Articles

Fall Senior Recreation Information
At Home... Activities, Crafts, Exercise
and a few laughs!





What is 2-1-1?

2-1-1 is a free, easy-to-remember phone number that connects callers with health, housing, and human services in their community. 2-1-1 is available 24 hours a day, 7 days a week, and in over 300 languages. All calls are confidential.

How does it work?



Call: You can dial 2-1-1 and speak with a friendly, knowledgeable Specialist.



Click: You can visit our website at 211AlamedaCounty.org



Text: You can text your zip code to 898211 Monday through Friday from 9 am to 4 pm, and a live Specialist will reply promptly.

What information is available?

2-1-1 maintains comprehensive databases of information on health, housing, and human service programs throughout Alameda County, which includes but is not limited to:

- Affordable housing
- After-school programs
- Tenants' rights assistance
- Public assistance programs
- Medi-Cal information
- Emergency shelters
- Hot meals and food programs
- Rental and utility assistance
- Services for domestic violence victims

During emergency or disaster situations, 2-1-1 provides critical public information, such as shelter locations, water distribution, sandbags, evacuations, road closures, utility outages, local assistance center locations, public health warnings, how to locate missing loved ones, and more.

In a housing crisis?

If you are homeless or at risk of becoming homeless in Alameda County, call 2-1-1. Our staff will ask questions to determine eligibility for Alameda County's Coordinated Entry System and provide referrals to Housing Resource Centers when appropriate. 2-1-1 also provides housing problem-solving and referrals to appropriate resources including legal services, eviction prevention, and financial assistance, if available.

Eden I&R www.edenir.org

2-1-1 Alameda County is a program of Eden I&R

Can't dial 2-1-1?

Call us toll free at 1-888-886-9660

YouTube Craft (online only)



POPSICLE STICK CRAFTS

<https://www.youtube.com/watch?v=sT-fdlxELxs>



ARE YOU SMARTER THAN A 60 YEAR OLD?

1. After the Lone Ranger saved the day and rode off into the sunset, the grateful citizens would ask, Who was that masked man? Invariably, someone would answer, I don't know, but he left this behind. What did he leave behind?
2. When the Beatles first came to the U.S. .In early 1964, we all watched them on The _____ Show.
3. 'Get your kicks, _____.'
4. 'The story you are about to see is true. The names have been changed to _____.'
5. 'In the jungle, the mighty jungle, _____.'
6. After the Twist, The Mashed Potato, and the Watusi, we 'danced' under a stick that was lowered as low as we could go in a dance called the '_____.'
7. Nestle's makes the very best _____.'
8. Satchmo was America's 'Ambassador of Goodwill.' Our parents shared this great jazz trumpet player with us. His name was _____.
9. What takes a licking and keeps on ticking? _____.
10. Red Skeleton's hobo character was named _____ and Red always ended his television show by saying, 'Good Night, and '_____...'
11. Some Americans who protested the Vietnam War did so by burning their_____.
12. The cute little car with the engine in the back and the trunk in the front was called the VW. What other names did it go by? _____ &_____.
13. In 1971, singer Don MacLean sang a song about, 'the day the music died.' This was a tribute to _____.
14. We can remember the first satellite placed into orbit. The Russians did it. It was called _____.
15. One of the big fads of the late 50's and 60's was a large plastic ring that we twirled around our waist. It was called the _____.
16. Remember LS/MFT _____/_____ _____?
17. Hey Kids! What time is it? It's _____ !
18. Who knows what secrets lie in the hearts of men? The _____ Knows!
19. There was a song that came out in the 60's that was "a grave yard smash" it's name was the _____ !
20. Alka Seltzer used a "boy with a tablet on his head" as it's Logo/Representative. What was the boys Name? _____

Answers:
 1. The Lone Ranger left behind a silver bullet. 2. The Ed Sullivan Show 3. On Route 66 4. To protect the innocent. 5. The Lion Sleeps Tonight 6. The limbo 7. Chocolate 8. Louis Armstrong 9. The Timex watch 10. Freddy, The Freeloader and 'Good Night and God Bless.' 11. Draft cards 12. Beetle or Bug 13. Buddy Holly 14. Sputnik 15. Hoola-hoop 16. Lucky Strike/Mean Fine Tobacco 17. Howdy Doody Time 18. Shadow 19. Monster Mash 20. Speedy



Help on Tap – Customer Assistance Program Application for Residential Single-Family Customers



START HERE: Please read this document carefully.

Thank you for your interest in the **Help on Tap (HOT)** customer assistance program. Upon approval of your application, qualifying single-family residential accounts are eligible to receive a \$25.00 credit on the bi-monthly water service charge.

Program Rules

- The water bill must be in your name.
- You must be a full-time resident at the address where the credit will be applied.
- You must only have one water service account with ACWD.
- You may not be claimed as a dependent on another person's tax return.
- You must pay your bills by the due date.
- Your total combined household gross income must not exceed the ACWD income guidelines.
- You agree that if a water leak occurs at your residence, you will repair the leak promptly.
- You must notify ACWD immediately if your household no longer satisfies the ACWD income guidelines.
- You must renew your complete eligibility application every two years.

ACWD Income Guidelines	
Household income must not exceed income guidelines to qualify	
Number of persons in household	Total combined gross annual income
1 or 2	\$49,600 or less
3	\$55,800 or less
4	\$64,375 or less
5	\$75,425 or less
Each additional person, add	\$11,050

*Income guidelines are based on the greater of 50% of Area Median Income or 250% of the Federal Poverty Level. Income before taxes based on all current income sources. Total household income must not exceed the income guidelines outlined above to qualify. Income guidelines subject to change annually.

Eligibility Guidelines

ACWD requires verification of household income and occupants. Household income is defined as the combined gross income of ALL persons who live in the household, whether taxable or non-taxable. Gross income includes, but is not limited to the total income from: wages, salaries, pensions, unemployment benefits, disability payments, workers compensation, gross income from self-employment (IRS Form 1040 Schedule C), child or spousal support, proceeds-sales price (IRS Form 1040 Schedule D), interest or dividends from savings accounts, stocks, bonds, retirement accounts, rent or royalty income, cash income or gifts, scholarships, grants, or other aid used for living expenses, insurance or legal settlements, Social Security, SSI, SSP, food stamps, or TANF (AFDC).

Anyone receiving the HOT discount and found to be in violation of program rules will be removed from the program and may be liable for repayment of the credit from the time that the credit was applied.

To Apply

Step 1	<p>Submit an application along with your most recent, signed copy of your Federal Tax Return. Please submit the Schedule 1040 page of your tax return and redact any visible Social Security Numbers.</p> <p>If your Federal Tax Return is not available, include the following applicable documents with your application: Social Security Benefit Statement; OR two (2) consecutive copies of Social Security Checks OR SSI Checks; OR W-2 forms; OR Award Letter for CALWORKS, CAPI, General Relief, or Food Stamps; OR two (2) consecutive paycheck stubs; OR Unemployment Benefits statement. Bank statements will not be accepted as proof of income. Proof of enrollment by the applicant in Medi-Cal, CalFresh, CalWORKS, or SSI/SSP will be considered as qualifying for the Help on Tap Program.</p> <p>Each household member must submit their own income documentation. All household members without income should be listed as dependents on the Federal Tax Return of another household member.</p> <p>If submitting documentation other than a Federal Tax Return, you must submit proof of occupancy for every household member listed in the application. Proof of occupancy includes but is not limited to recurring bills, bank statements, or other types of correspondence that include the name of the household member and the service address of the water bill.</p> <p><u>Send copies of the requested documentation, as your documents will not be returned.</u></p> <p>Please allow 2-3 weeks to process your application. Incomplete applications will not be processed. Please ensure that all fields on the form are filled out and all documentation is attached to expedite the approval process.</p>
Step 2	<p>Once ACWD has reviewed your application and determined the household's eligibility to participate in the HOT program, a letter of confirmation will be sent to the applicant.</p> <p>It may take up to a full 60-day billing cycle to start receiving the credit.</p>



Help on Tap – Customer Assistance Program

Application for Residential Single-Family Customers



Please complete ALL information on this application. Your application will not be approved if you do not attach income verification as described in Step 1.

ACWD Customer Account Number _____ Your Name (As shown on your water bill) _____

Your Home Address _____

() ()
Home Telephone _____ Other Telephone _____

Email _____

Total Number of Persons Living in My Household: _____

List Household Member Name (include self)	Relationship to Applicant	List Total Income (Both taxable and non-taxable) from All Sources for each Household Member
Total Money Received Annually by My Household Is (Zero Not Accepted):		\$

NOTE: If you need additional lines, please attach a separate sheet. For any dependents or other individuals in your household without income (i.e., children, elderly, non-working), please write the full name for each person on the attached worksheet and indicate no income and provide proof of occupancy.

If you did not submit a copy of your most recent Federal Tax Return, state the reason:

Declaration: By signing below, I certify that I meet all criteria listed under the Program Rules and that the information I have provided in this application is true and correct. I agree to notify the ACWD immediately of any change in my household that affects eligibility for the credit. I also agree to provide proof of income for everyone living in the household and proof of occupancy for all household residents. If I fail to provide the information requested, or received the credit when my household was not eligible, I may be required to repay the credit received. I understand that following enrollment, my account may be selected for random review and agree to provide any information requested.

X _____ / /
Customer Signature ☐ check if guardian or power of attorney Date

Mail completed application to: Alameda County Water District
Customer Services, Attention: HOT Program
43885 S. Grimmer Blvd., Fremont, CA 94538

The ACWD will respond to applicants with a letter indicating application status. For more information, call (510) 668-4200.

www.acwd.org

ACROSS

1. Clue weapon that's also a Beatles album title
6. Lady of music
9. Peeper
11. Weapon that Liberace might have used
12. Saintry souvenir
14. Enliven
16. *Ben*-____
18. II x III
19. Scholar (and suspect) with a fruity name
25. *Dr.* ____
26. Mine find
27. Distress
29. Broods

31. Suspect who doesn't live at Tara

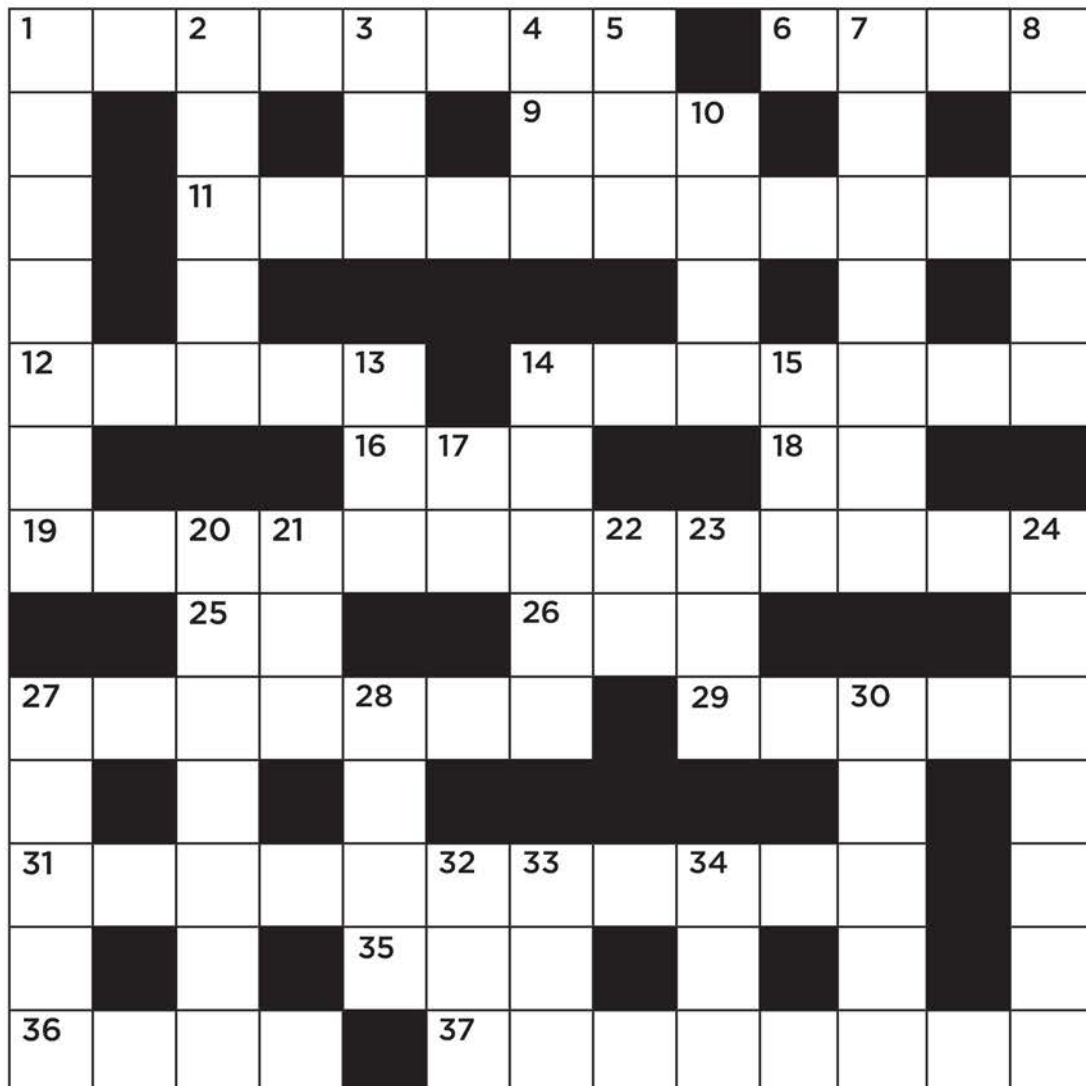
35. Levy
36. Abundant, as greenery
37. Cylindrical murder weapon

DOWN

1. Rickety building
2. Outspoken
3. ____-Manuel Miranda (*Hamilton* creator)
4. Slithery swimmer
5. Seeded loaf
7. Second first lady
8. Low joint
10. Morales of *How to Get Away with Murder*

13. Michael of *SNL*

14. Firebug's crime
15. Star player
17. You and me
20. The O in Jackie O
21. Pea soup
22. Surgeon's office, for short
23. Michael Stipe's group
24. A caller may leave one
27. Desert transport
28. Become oxidized
30. Singer Page
32. Ripken of baseball
33. Paul Bunyan's tool
34. Pot top



Trees Word Search

W	R	O	W	I	H	A	A	Z	H	M	A	T	G	C
A	T	S	I	U	R	P	O	N	U	S	H	W	D	A
A	T	K	L	A	R	P	T	G	L	A	A	D	O	A
N	O	R	L	S	Y	L	T	R	W	L	L	O	R	W
E	S	P	O	C	H	E	S	T	N	U	T	G	A	A
D	O	O	W	D	E	R	H	U	R	I	F	W	I	K
P	C	L	N	W	C	O	T	T	O	N	W	O	O	D
P	K	Y	S	E	R	M	R	D	H	I	C	O	U	I
M	R	R	P	N	N	A	O	S	T	P	P	D	Q	L
H	L	R	R	R	D	C	A	P	K	A	L	D	E	R
O	A	E	U	E	E	Y	A	L	C	K	L	E	S	H
H	R	H	C	N	U	S	N	O	U	N	P	U	K	A
A	C	C	E	O	P	G	S	Y	B	I	R	C	H	W
T	H	A	Z	E	L	P	A	M	N	H	W	R	D	L
D	C	I	N	C	E	S	W	E	Y	C	U	D	N	T

Alder

Apple

Ash

Aspen

Birch

Buckthorn

Cedar

Cherry

Chestnut

Chinkapin

Cottonwood

Cypress

Dogwood

Elm

Fir

Hawthorn

Hazel

Larch

Maple

Oak

Pine

Poplar

Redwood

Sequoia

Spruce

Sweetgum

Sycamore

Walnut

Willow

Yew

Clark W. Redeker Newark Senior Center Fall Activities. Register now...

Click on activity to register online or complete and mail the provided registration form with payment.

Virtual Activities: Participants must have access to a computer with internet capabilities and know how to use Zoom.
Zoom link will be emailed to registered participants prior to start.

Free Virtual Morning Stretch with Jessica!

Get up and get moving with a 20-minute stretch with our very own Jessica!

Age Day Date Time

55+ Wed 9/2-12/16 10:00am

Via Zoom!



Pre-registration Required!

Virtual Hula Classes

Learn beginning hula...
on your feet or
in a chair!



Via Zoom!

Age Day Date Time

55+ Tue 9/8-12/17 12:00pm

Instructor: Janice Gonzalves

Pre-registration Required

NEWARK
Recreation
and Community Services

Trivia

When did the Senior Center open? 20 Points

Who was the 23rd President of the US? 20 Points

who was Newark's first elected Mayor? 20 Points



Virtual Trivia WITH NICK!

Join Recreation Supervisor, Nick Cuevas, for a 55+ Virtual Zoom Trivia Game! Compete against others from the comfort of your home! There will be a wide variety and themed trivia questions each session! Participants must have access to a computer with internet capabilities and know how to use Zoom.

FREE FOR SENIORS!

Pre-Registration Required

Starting Tuesday, September 1, 2020 10:30 AM

Information: Nick Cuevas, Recreation Supervisor
510-578-4432 or nicholas.cuevas@newark.org

Clark W. Redeker Newark Senior Center Fall Activities. Register now...

Click on activity to register online or complete and mail the provided registration form with payment.

Parking Lot Activities: Held at the Silliman Activity Center Parking Lot, 6800 Mowry Ave.

Parking Lot BINGO

Arrive between 12:00pm - 12:15pm

SPACE IS LIMITED. PRE-REGISTRATION REQUIRED.

Drive up and purchase your pack and optional daub tickets
(cash or check written to NBC, no credit card payments)

Birthday BINGO: \$10/ten-game pack. Payout: \$30/regular games, \$75/blackout.

Regular BINGO: \$7/ten-game pack. Payouts: \$25/regular games, \$50/blackout.

Optional Daub Game: \$1 ea. Payout: 50/50 split.

All payouts will be split if multiple winners.
Location: Silliman Activity Center Parking Lot
BINGO will be canceled due to rain.

All participants must wear a mask. Play from your car or bring a chair. If you don't have a chair, we will have some on-hand. For your safety, you must sit at a safe social distance in the parking lot as designated by staff/volunteers.

Age	Day	Date	Time	10-game pack
55+	Th	9/3	12:00pm	\$10
55+	Th	9/17	12:00pm	\$7
55+	Th	10/1	12:00pm	\$10
55+	Th	10/15	12:00pm	\$7
55+	Th	11/5	12:00pm	\$10
55+	Th	11/19	12:00pm	\$7



Drive-Thru/Tailgate ICE CREAM SOCIAL

Thursday, 9/24, Arrive between 1:30pm - 2:00pm

Free of charge for Seniors

SPACE IS LIMITED. PRE-REGISTRATION REQUIRED.

Location: Silliman Activity Center Parking Lot



All participants must wear a mask. Grab and go or... eat your ice cream in the car and bring a chair and join the parking lot tailgate. If you don't have a chair, we will have some on-hand. For your safety, you must sit at a safe social distance in the parking lot as designated by staff.

DRIVE-THRU/TAILGATE LUNCH AND COSTUME CONTEST

Thursday, 10/29, Arrive between 12:00pm - 1:00pm

\$5/Senior

SPACE IS LIMITED. PRE-REGISTRATION REQUIRED.

Location: Silliman Activity Center Parking Lot

All participants must wear a mask at check-in. Grab and go or... eat your lunch (Chicken Caesar Wrap) in the car and bring a chair and join the parking lot tailgate. If you don't have a chair, we will have some on-hand. For your safety, you must sit at a safe social distance in the parking lot as designated by staff.

Wear a costume and participate in the tailgate costume contest. Prizes will be awarded.



Drive-Thru/Tailgate Friendsgiving Lunch

Monday, 11/23, Arrive between 12:00pm - 1:00pm

\$5/Senior

SPACE IS LIMITED. PRE-REGISTRATION REQUIRED.

Location: Silliman Activity Center Parking Lot

All participants must wear a mask at check-in. Grab and go or... eat your lunch (Thanksgiving Turkey Sandwich) in the car and bring a chair and join the parking lot tailgate. If you don't have a chair, we will have some on-hand. For your safety, you must sit at a safe social distance in the parking lot as designated by staff.

Email your favorite Thanksgiving Recipe to cheryl.galvez@newark.org by 11/2 to be included in a recipe exchange.



ONLINE... at newarkca.activityreg.com or scan the QR Code

MAIL... registration form and payment to "City of Newark":

Silliman Activity & Family Aquatic Center

6800 Mowry Avenue

Newark, CA 94560

PHONE IN REGISTRATIONS ARE NOT ACCEPTED.



Newark Recreation and Community Services Registration Form

Adult/Main Contact Name: _____ Birth Date: ____/____/____

Day Phone: _____ Cell Phone: _____

Email Address: _____

Address: _____ City: _____ Zip: _____

Emergency Contact Name: _____ Phone: _____

Participant: Name	Birth Date	Gender	Class Name, Date and Time	Fee
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_____	____/____/____	M F	_____	\$ _____
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_____	____/____/____	M F	_____	\$ _____
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_____	____/____/____	M F	_____	\$ _____
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_____	____/____/____	M F	_____	\$ _____
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Voluntary donation to the Recreation Scholarship Program: \$ _____

Total: \$ _____

Release of Liability: I understand that my (or my minor child's/ward's) participation in any City activity is voluntary. Further, I understand that participation can be a hazardous activity. By signature below, I agree that neither I, my successors, assigns, nor anyone acting on my behalf will hold the City of Newark, its officers, agents, employees, or volunteers liable for any injury, accident, or illness arising out of my (my minor child's/ward's) voluntary participation in the above named program/activity. I hereby release the City of Newark, its officers, agents, employees, or volunteers from and against any and all claims, cost liabilities, expenses, or judgments, including attorney's fees and court costs arising from my (my minor child's/ward's) participation in the program/activity or any illness/injury resulting therefrom, and hereby agree to indemnify and hold harmless the City of Newark, its officers, agents, employees, or volunteers from and against any and all such claims, whether caused by negligence or otherwise.

I further understand that the City of Newark is not and will not be responsible for Workers Compensation benefits as a result of any injury or illness due to my (my minor child's/ward's) voluntary participation in this activity.

The City of Newark reserves the right to photograph facilities, activities, and program participants for potential use in advertising brochures, department social media, and the City's web page. All photos will remain the property of the City of Newark.

Signature of Participant (or Parent/Guardian, if under 18)

Payment: _____ Check or Money Order made payable to the "City of Newark"

_____ Charge VISA/Mastercard... Card #: _____ - _____ - _____ Expiration: ____/____
month/year