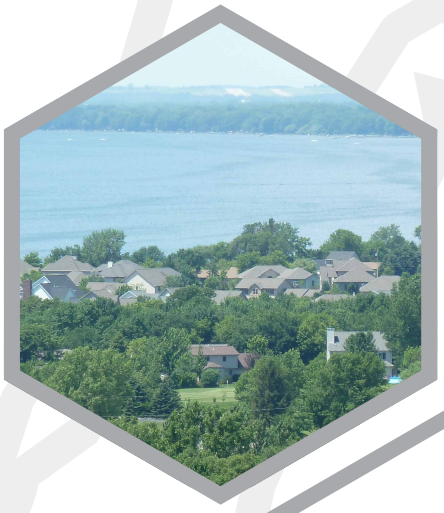
VILLAGE OF SHERWOOD
SENIOR HOUSING MARKET STUDY



East Central Wisconsin
Regional Planning Commission
ECWRPC
Calumet • Fond du Lac • Menominee • Outagamie
Shawano • Waupaca • Waushara • Winnebago

September, 2017

Senior Market Housing Study

Village of Sherwood, WI

September, 2017

Prepared by the
East Central Wisconsin Regional Planning Commission

VILLAGE OF SHERWOOD, WISCONSIN

VILLAGE BOARD

Joyce Laux - President
Roger Kaas - Vice President
Bob Benz
Joe Hennlich
David Miller
Lisa Ott
Kathy Salo

PLAN COMMISSION

Steve Summers - Chair
Jean DeKeyser
Joyce Laux
Kathy Salo
Brad Schmidt
Scott Sheppard
Bob Gillespe

COMMUNITY DEVELOPMENT AUTHORITY

Roger Kaas - Chair
Tom Boll
Cheryl Dewing
Steve McGrath
Todd Thiel
David Miller
Tom Vande Hey

STAFF

Randy Friday, Village Administrator

ABSTRACT

TITLE:	Village of Sherwood Senior Housing Market Study
CONTACT:	Eric W. Fowle, AICP – Executive Director
AUTHORS:	Eric W. Fowle, AICP – Executive Director
SUBJECT:	Senior Housing Trends
DATE:	September, 2017
PLANNING AGENCY:	East Central Wisconsin Regional Planning Commission
SOURCE OF COPIES:	East Central Wisconsin Regional Planning Commission 400 Ahnaip Street, Suite 100 Menasha, WI 54952 (920) 751-4770 www.ecwrpc.org

This report provides information and recommendations concerning the supply and demand of senior housing facilities within the Village and a broader market area over a five year period.

TABLE OF CONTENTS

EXECUTIVE SUMMARY ES-1

BACKGROUND AND PROCESS 1

SETTING AND CONTEXT 1

WHAT'S THE MARKET FOR SENIOR HOUSING? 5
Definitions 5
Senior Housing Supply Analysis 7
Assisted Living Facilities 7
Market Rate Housing / Independent Living Facilities 11
Senior Housing Demand Analysis 12
Past Housing Demand 12
Internal Population Growth 12
External Population Growth 12

ANECDOTAL EVIDENCE 21
Calumet County ADRC 21
Homebuilder's Association of the Fox Valley 22
Realtor's Association of Northeast Wisconsin 22

A NATIONAL PERSPECTIVE 22

SENIOR HOUSING OPPORTUNITIES 23

CONCLUSIONS AND RECOMMENDATIONS 27

FIGURES

Figure 1: Residential Preference Survey Results 4
Figure 2: National Senior Housing Demand vs. Supply 23
Figure 3: Examples of Senior Housing Styles/Models 30
Figure 4: Examples of Senior Housing Styles/Models 31
Figure 5: Examples of Senior Housing Styles/Models 32

TABLES

Table 1: Population by Age Cohort, Village of Sherwood 2
Table 2: Village of Sherwood Population Projections 12
Table 3: Population by Age Cohort, Village of Sherwood 12
Table 4: Calumet County Population Projections by Sex and Age, 2010-2040 14
Table 5: Summary of Current and Future Market Potential Based on Drive Times 15

MAPS

Map 1: Location, Village of Sherwood 2
Map 2: Calumet County Assisted Living Facilities, 2017 8
Map 3: Senior Housing Facilities in the Fox Cities Region, 2013 9
Map 4: Senior Housing Facilities within 30-Minute Drive Time of Sherwood 10
Map 5: 2016 Drive Time Population, Ages 45-64 17
Map 6: 2016 Drive Time Population, Age 65+ 18
Map 7: 2021 Drive Time Population, Ages 45-64 19
Map 8: 2021 Drive Time Population, Age 65+ 20
Map 9: Village of Sherwood 2016 Land Use and Senior Housing Focus Area 25
Map 10: Sherwood Downtown Redevelopment Master Plan (SEH, 2014) 26
Map 11: Potential Senior Housing / High Density Housing Sites (Conceptual) 26

APPENDICES

Appendix A: Supplemental Materials A-1

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

In conjunction with the Village of Sherwood's comprehensive plan update project, additional assistance was requested of the East Central Wisconsin Regional Planning Commission by the Community Development Authority (CDA) to take a more detailed examination of the senior housing market and issues associated with accommodating this growing sector of the population. Both quantitative and qualitative information is used to define the market area and its potential future demands as compared to the area's supply of housing.

The study discusses the unique setting and situation that the Village finds itself in with respect to accommodating an aging population as it essentially has no market rate or assisted living senior housing options within its borders. In fact, few multi-unit homes of any kind exist within the community as it is comprised mainly of families. The Village's 2010 total population (2,713) was comprised of 277 persons, or 10%, age 65 or older. A substantial part of the population (811, or 30%) was between 45 and 64. While 2015 data does not exist, one can see by local and county level trends that the 65+ cohort will increase significantly and rapidly.

The report defines and examines two potential market areas – Calumet County and a 30-minute drive time radius from the Village – and attempts to quantify the potential 5-year demands based on assumptions about supply. It is expected that over 1,600 additional persons will be entering the 65+ age cohort between 2015 and 2020. This provides a nearby market of approximately additional 650 to 950 individuals moving into this age group over the next 2 to 3 years and upwards of 1,000 by 2021. When looking at the 30 minute drive time, which encompasses the entire Fox Cities, an estimated increase of over 7,600 in the 65+ cohort is expected between 2016 and 2021. This means that the total potential demand is roughly 8,500 individuals over 5 years. Even if it is assumed that 2 persons inhabit each dwelling unit, a minimum of 4,250 units would be required to accommodate this population increase.

The current supply of assisted living is examined in detail within the two market areas, showing just over 440 units and 2,000 units within Calumet County and the 30 minute drive radius, respectively. Market rate independent living facilities are also inventoried in a cursory manner as no comprehensive database was found to exist. Also, unfortunately, no occupancy data exists for these facilities but anecdotal information suggests that relatively few vacancies exist due to the increasing demands.

The final section of the report focuses on the various models for senior housing and an examination of the land use opportunities within a focused area that generally includes the downtown and vacant lands south and west of the Village Hall. Specific recommendations are provided for the Village of Sherwood to move forward with the formalization of both general and detailed planning and marketing/promotion tasks which will be necessary to both accommodate it current aging population, but also to attract new seniors from the defined market areas:

1. Incorporate the study's findings into the update of the Village's comprehensive plan in a manner which also better addresses the concept of "livability" and creating an age-friendly "livable community". Additional information regarding "livable communities" is contained in Appendix A. (Plan Commission)

2. Identify specific parcels of land within the target area for initial development of market rate independent living facilities over the next 5 years. Similarly, specific sites should be identified for future assisted living facilities that could be developed within the next 10 years. It is expected that 35 to 50 market rate units could likely be filled over the next 3 to 5 years based on internal and external demands. (CDA)

3. Review current zoning regulations and modify as required to facilitate development of high quality, architecturally pleasing buildings, parking and public/quasi-public spaces, including opportunities for commercial/residential mixed uses, cottage style developments and accessory dwelling units. (Plan Commission)

4. Consider the use of an architect to develop more detailed building/master plan concepts that take advantage of viewsheds, and address building massing, placement, materials, and quasi-public/public uses. (Plan Commission)

5. Host a developer/realtor roundtable and tour of the Village and its opportunities in order to generate interest. Be sure to invite county and regional economic development staff as well as the homebuilder's association. Be sure to share and discuss other short and long term plans regarding the community's vision for land use, infrastructure and amenities within the area. (CDA)

6. Target new businesses and services to locate in the target area that can serve a growing senior population. (CDA)

7. Continually monitor internal and external senior housing activities and issues and consider a formal review and update this study after a 3 year period, on or about August, 2020. (CDA)

8. Consult and communicate regularly with the Calumet County ADRC with respect to future planning tasks and activities. Also identify and collaborate with other agencies, associations and entities to better address current and future "aging in place" issues. (CDA and Plan Commission)

9. Encourage resident participation in the Calumet County ADRC's 3-year update of its Aging Plan (to be initiated in 2018). (Village Board)

10. Spend additional time reviewing examples and determining preferences for the types and varieties of housing models as it pertains to market rate and independent living options for seniors. For example, creating housing opportunities that closely resemble seniors' former homes can make renting a more attractive option to households looking for alternatives. Ranch-style "cottages" could be an important part of this equation. (Plan Commission OR CDA).

VILLAGE OF SHERWOOD
SENIOR HOUSING MARKET STUDY

BACKGROUND AND PROCESS

In conjunction with the Village of Sherwood's comprehensive plan update project, additional assistance was requested of the East Central Wisconsin Regional Planning Commission by the Community Development Authority (CDA) to take a more detailed examination of the senior housing market and development opportunities associated with any such market.

The study process entailed several steps and the information presented in this study was compiled through the following processes:

- defining a Market Area which considers the proximity of other communities with senior housing options available;
- gathering and analyzing socio-demographic data, including projected populations for certain age cohorts, for the Village and market area;
- inventorying general assisted living and independent congregate housing within the market area;
- projecting demands for market-rate and affordable independent living housing for the market area;
- projecting the demands for assisted living and independent congregate housing for the market area;
- developing recommendations related to potential development opportunities.

SETTING AND CONTEXT

The Village of Sherwood is a small rural community (2016 American Community Survey population = 2,959) located in northwestern Calumet County (Map 1) and while technically considered part of the Urbanized Area, Sherwood lies about 3 miles away from a majority of the suburban development. The Village is rich in history and natural resources, having grown rapidly over time adjacent to the shores of Lake Winnebago and High Cliff State Park. The community primarily attracts those who choose to commute for employment, but enjoy the quality of life offerings of a small rural community and its amenities.

In 2017, the Village of Sherwood has no senior housing accommodations. That fact is a striking sentence indeed. Whether it be dedicated facilities that provide assisted living, or simply reasonably priced apartments or condominiums, the Village has virtually none of this type of housing available. In fact, the number of multi-family units (2 or more in the same structure) in 2015 equated to 38 out of 1,026 total units within the Village, 0.4% of its housing stock.

How can this be? The Village is a community of nearly 3,000 people situated along the shores of Lake Winnebago, with its golf courses and direct access to one of the best State Parks in the area, as well as being a stone's throw from a major metropolitan area. To most, Sherwood might actually sound like it is a retirement community! But Sherwood is <u>NOT</u> a retirement community and actually, is far from it.

Sherwood has a median age of 40 and houses primarily families. The Village also has one of the most educated and highest income populations within the Fox Cities Urbanized Area. In fact, based on 2010 U.S. Census data, the Village of Sherwood ranked 42nd out of 631 Wisconsin communities in per capita income.

Map 1: Location, Village of Sherwood

The family nature of Sherwood is further evidenced by its average household size of 2.8 persons. This figure actually increased between 2000 and 2015 - a rarity in the region, as most communities' household sizes are/have been seeing declining trends. Population cohorts also show significant segments of the population in the 0-19 age group (Table 1). While families (both established and new) comprise a majority of the Village's population, approximately 10% were in the 65+ category (now 70+ accounting for the time difference) and may have different housing needs.

Table 1: Population by Age Cohort, Calumet County, 2010

Municipality	Under 5	5-19	20-44	45-64	65+	Total	Median Age
V. Sherwood	221	583	821	811	277	2,713	40
Calumet County	3,418	10,894	15,500	13,734	5,425	48,971	38.4
Wisconsin	358,443	1,143,753	1,833,912	1,573,564	777,314	5,686,986	38.5

Source: U.S. Bureau of the Census, SF-1, 2010

Consider that In 1980, Sherwood was a village of only 372 persons. By 1990 the population more than doubled. It nearly doubled again, to 1,550 by the year 2000. Another burst of growth occurred over the next decade bringing the total population to 2,725 – an increase of over 75%! This rate has since leveled off, likely in part to the recession, but is projected to increase again over the next 15 to 20 years. Another 1,756 persons are expected to be added to today's population by the year 2040.

Of important consideration is that Sherwood has - in both its heyday of growth and in current times – primarily attracted young couples that are starting new families who desire a unique, high quality "commuter" lifestyle. The size and style of housing, connected trails and park systems, and its close proximity to outstanding amenities such as Lake Winnebago and High Cliff State Park offer a combination that speaks to young, active families.

Now, 35 years later, that first wave of new residents (likely in their 20's and 30's then) are now in their late 50's and 60's – perhaps even being retired already. Their children have moved away from home and their homes are now too large to maintain for just themselves. This segment of the population essentially "grew up" as Sherwood came of age and many would like to continue to live in Sherwood. But they cannot. Many are forced to sell their homes to new families and move away to communities that have better housing options for seniors. This fact was evident based on the numerous comments and references to this issue heard at a public visioning session held in March of 2017 in conjunction with the updating of the Village's comprehensive plan.

Ironically, part of the reason that senior housing options do not exist in the Village is because those new Sherwood residents had certain standards and expectations of the community. This often meant that any proposals for higher density developments (duplexes, condos, apartments, etc.) were challenged by neighbors and, for the most part, were unsuccessful in gaining local approvals. This may have been driven by typical concerns voiced at that time about aesthetics, impacts on property values, traffic volumes, safety, and even stereotypes about "apartment dwellers".

The fact is that things have changed for many in the Village and looking to the future, many residents seem to have the desire to "age in place". In fact, during the aforementioned public visioning workshop, one exercise used a set of forms to measure preferences about the style and density of new housing. The results of this exercise (Figure 1) indicated some acknowledgement of this need. While the highest ranking option was the continuation of detached single family housing (average score of 3.04), a near mid-range score of 1.82 was given to 2-3 story attached single family housing, and a slightly lower score yet (1.27) was given to small 2-4 story multi-family units. While large 3-8 story apartments were not viewed with great favor (avg. score of 0.54), it does give some indication that perhaps a minimal amount of this type of development – in the right location – would be viewed positively by the community.

This market study will further examine the supply, demand, and other factors in order to paint a better picture of what types and how much senior housing should be planned for by the Village.

Figure 1: Residential Preference Survey Results

WHAT'S THE MARKET FOR SENIOR HOUSING?

There are several methods for examining the senior housing market and a number of factors which need to be considered. Simply looking at supply (of which there is none) as compared to demand (an aging population), would give an obvious answer that "Yes! There is a market for senior housing!"

Unfortunately, it is not that simple. While the basic premise is true, a better understanding of what that market might be, and how it might be defined is needed in order to create development strategies and recommendations for the future. For example, how big is the market? Where is the market? What is the target demographic within that market? Who are your competitors? And ultimately, answering the all-important question of "why Sherwood?"

Definitions

Defining "senior housing facilities" for the purposes of this report is also necessary. Three basic types of housing exist for seniors based on their needs and desires for lifestyle and health care:

1. Market Rate Housing is comprised of standard apartments, townhouses, or condominiums which may be suitable in size and location for seniors. Such units are typically priced at market rates and vary widely depending on size, location, and amenities. Some units might also be provided at more affordable rates or subsidized through government programs.

2. Independent Living Units are *age-restricted* apartments, often designed to accommodate the physical and social needs of seniors. These units can include both market rate and affordable housing. Community atmosphere and age-appropriate services make these units attractive to seniors who can live independently, allowing them to maintain an active lifestyle. The following models typically exist:

    - Lifestyle Communities that appeal to resident choice. These may be self-contained resort communities that offer amenities and services on-site, or downtown "loft" senior facilities that are in vibrant areas close to a wide variety of off-site entertainment and services. A key characteristic of these facilities is that they cater more to the wants of seniors rather than needs. Lifestyle communities are distinguished in part by their unique and appealing facility design. Such facilities often have architecturally significant design and/or recreation facilities meant to appeal to the taste of potential residents.

    - Independent Living communities are similar to lifestyle communities in that they offer unit amenities to attract senior residents who are able to live without supportive services. Amenities targeted to seniors typically include safety features, such as grab bars, emergency call systems, and intercom access at the building entrance. Senior services, such as housekeeping, transportation, and laundry, may or may not be offered to residents, but, if offered, are usually offered for an additional fee. The primary difference between independent living and lifestyle communities is their location and facility design. Independent living communities less often have a distinctive facility design, and are located in non-resort and non-downtown locations.

- Congregate Living facilities are similar to independent living with convenience services, but with added meal plans, housekeeping, laundry service, and medical management services. Congregate facilities may also offer personal care assistance. Rents are often higher for a congregate facility than for an independent living community, with the increased rent being due to the availability of optional a la carte services.

3. Assisted Living Units are just as they sound. Based on the Wisconsin Department of Health Services' definition, four types of assisted living facilities are licensed by the State and traditionally found in communities across Wisconsin:

   - *Adult Family Homes (AFH)*: An Adult Family Home is a place where adults who are not related to the operator reside and receive care, treatment or services that are above the level of room and board and that may include up to seven hours per week of nursing care per resident. The minimum age requirement for residing in an Adult Family Home is 18 years. This definition pertains only to three-bed and four-bed Adult Family Homes, which are regulated by the State. One-bed and two-bed Adult Family Homes are regulated by individual county human services departments. Adult Family Homes can admit and provide services to people of advanced age, persons with dementia, developmental disabilities, mental health problems, physical disabilities, traumatic brain injury, AIDS, Alcohol and Other Drug Abuse, correctional clients, pregnant women needing counseling and/or the terminally ill.

   - *Residential Care Apartment Complexes (RCAC):* An RCAC is an independent apartment complex where five or more adults reside. Apartments must each have a lockable entrance and exit; a kitchen, including a stove (or microwave oven); and individual bathroom, sleeping and living areas. An RCAC does not include a nursing home or a community-based residential facility, but may be physically part of a structure that is a nursing home or community-based residential facility. Sizes of RCACs can vary. Currently, RCACs range from 5-109 individual apartments, with the average complex size being 36 apartments.

   - *Community Based Residential Facilities (CBRF):* A CBRF is a home or apartment type setting where five or more unrelated adults live together. The goal of the CBRF is to assist individuals in achieving the highest level of independence of which they are capable. Different populations are targeted by the CBRF and some of these populations include elderly, Alzheimer's, emotionally and mentally disturbed, developmentally and physically disabled, and veterans. A CBRF is required to provide assistance with bathing, dressing, grooming, medication, community and in-house activities, information and referral services, health monitoring, and meals. They are not required to have professional nurses on duty 24 hours a day but do have staff available at all times.

   - *Adult Day Care (ADC):* This includes **n**ursing homes and memory care facilities provide intensive, 24-hour care for nearly all personal needs of residents. Most residents of these facilities have physical, mental, or other health issues that do not allow them to care for themselves.

Senior Housing Supply Analysis

When examining the supply of senior housing that is available, one must consider facilities that are within close proximity to Sherwood. From a resident attraction standpoint, it was felt that a reasonable drive from family and friends would be about 30 miles. This provides two rough geographic areas to look at – one being Calumet County, as a fair amount of information is available for such a political jurisdiction. Additionally, the entire Fox Cities (Appleton MSA) fits within the 30 mile radius and should be considered as a primary market for the attraction of seniors. Inventories shall be conducted at both of these scales.

Assisted Living Facilities

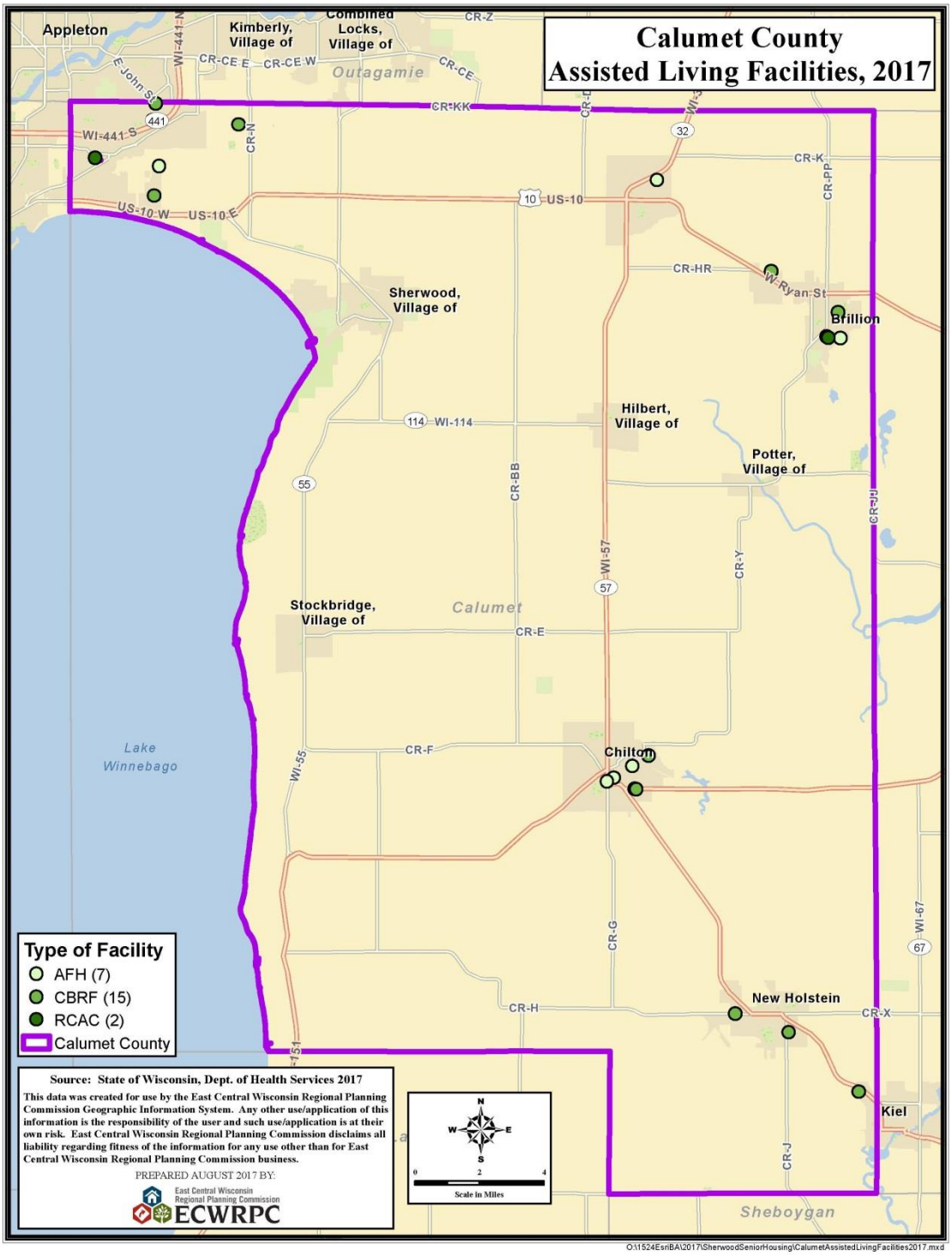
As we already know, there is no senior housing available within the Village, however; within Calumet County, a total of 24 assisted living facilities with a capacity to house 441 individuals existed in 2017 based on State of Wisconsin data. This included 7 adult family homes, 15 CBRFs and 2 RCACs. These facilities are shown on Map 2 and details are contained in Appendix A.

There is no comprehensive inventory of market rate independent living facilities in Calumet County, however; several well-known complexes exist, including Uptown Commons in Chilton (40 units, but according to Calumet County ADRC staff, they are adding an additional 16 units and have availability), and Taft Terrace Senior & Countryside Townhomes in New Holstein (36 units).

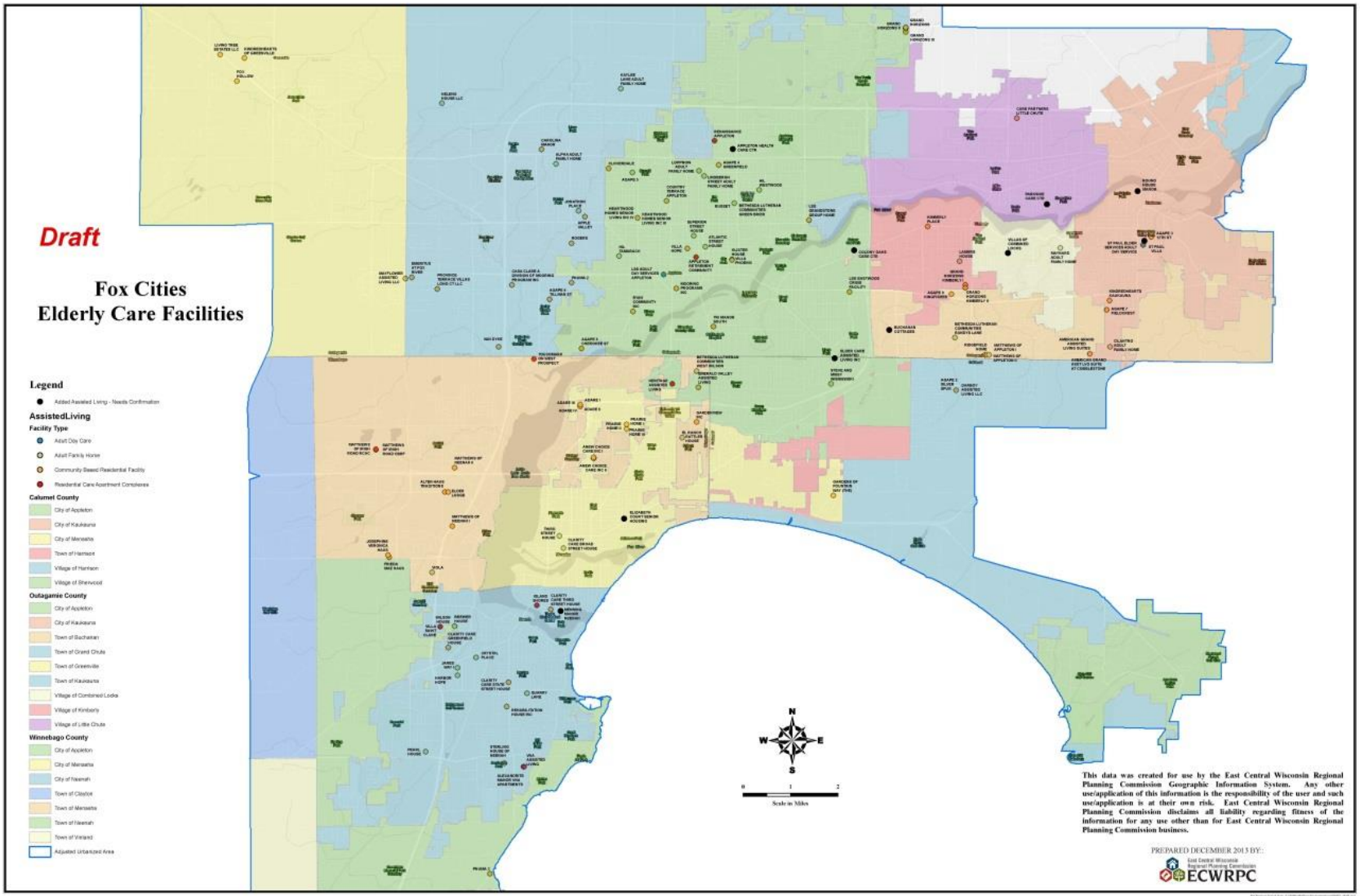
Within the Fox Cities urbanized area, quite a number of senior living options are available. A draft inventory conducted in 2013 for the Fox Cities by East Central showed a total of 118 separate facilities of varying types. As shown on Map 3 and in Appendix A these facilities include a mix of CBRF's, Residential Care Apartments, Adult Family Homes, and Adult Day Care facilities. While this information does include figures for the maximum capacity of the facility, it does not indicate the occupancy rates.

We can further examine the supply in the market using ESRI Business Analyst data using the drive time distance of 30 miles from the Village (Map 4). In this case a total of 125 assisted living facilities - with over 2,030 units – were identified within this short driving distance. Again, no information on occupancy is provided in this data.

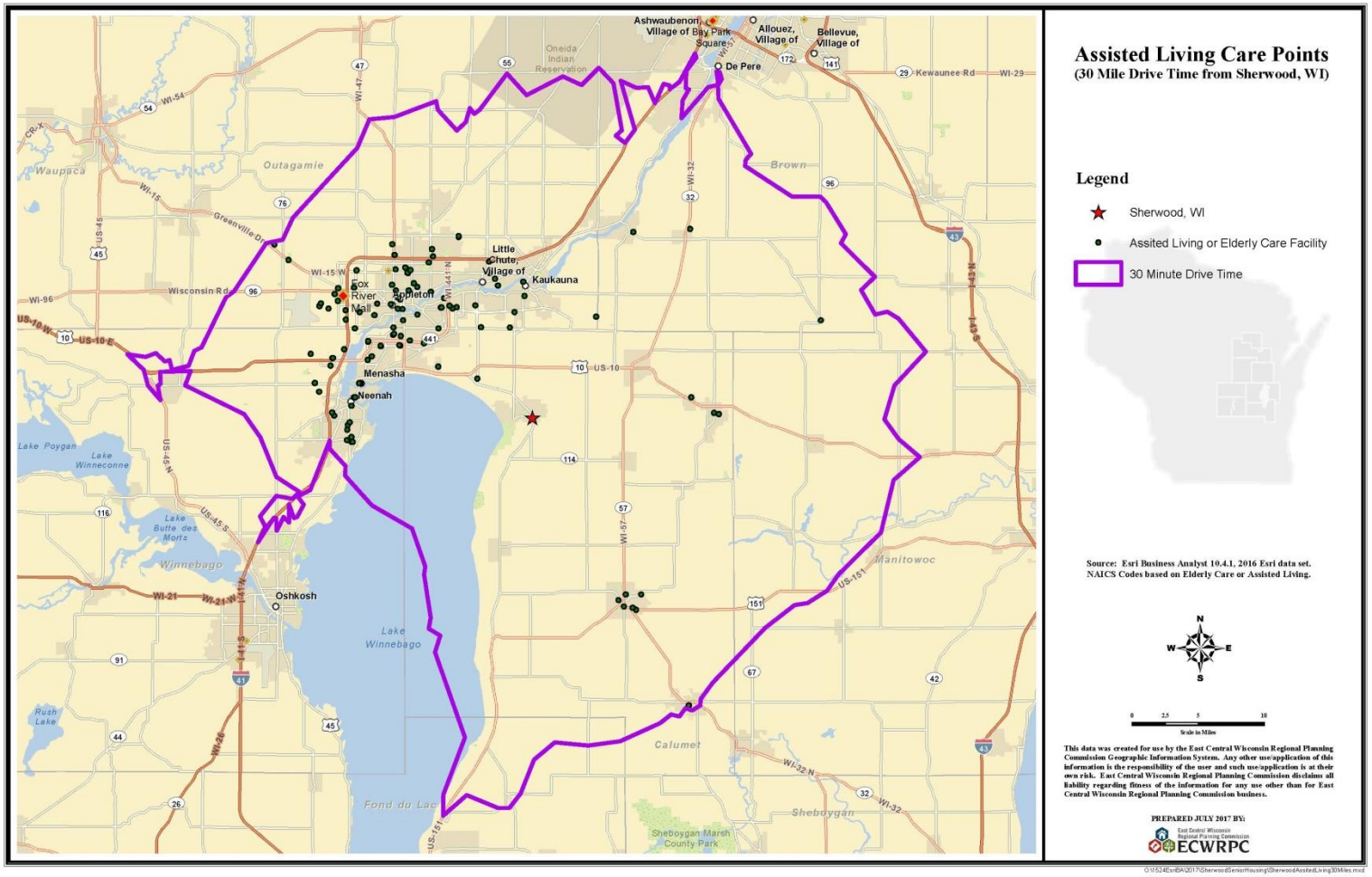
Map 2: Calumet County Assisted Living Facilities, 2017



Map 3: Senior Housing Facilities in the Fox Cities Region, 2013



Map 4: Senior Housing Facilities within 30-Minute Drive Time of Sherwood



Market Rate Housing / Independent Living Facilities

Again, while no complete inventory of market rate independent living facilities exists for the Fox Cities, a quick search of Apartmentfinder.com brought up 14 different market rate facilities as follows. It is interesting to note that only one (1) of these had availability, whereas the remainder claimed to have no availability

1. Ridgeview Highlands (Appleton) **only facility to show available units*
2. Oneida Heights Apartments (Appleton)
3. John Fischer Manor (Appleton)
4. Lynndale Village (Appleton)
5. Golden Valley (Little Chute)
6. Round House Manor (Kaukauna)
7. Canal Place Senior Apartments (Kaukauna)
8. Brookstone Commons (Neenah)
9. Assisi Homes of Neenah (Neenah)
10. Hearthside Commons Apartments (Neenah)
11. Briarwood Menasha (Menasha)
12. Lakeside Commons (Menasha)
13. Elizabeth Court Apartments (Menasha)
14. Mission Village of Menasha (Menasha)

A second search of Google Maps for “Apartments 55+” yielded an additional ten (10) facilities within the Fox Cities as follows. No information on availability was provided and some listed facilities may in fact have some non-age restricted units:

1. The Highlands at Mahler Park (Neenah)
2. Dublin Trail Apartments (Fox Crossing)
3. Koslo Apartments (Menasha)
4. Touchmark (Appleton)
5. Trails Edge Apartments (Appleton)
6. Parkview Village Apartments (Appleton)
7. Parkside Luxury Apartments (Appleton)
8. Buchanan Cottages (Buchanan)
9. Shade Tree Estates & Maple View (Buchanan)
10. The Landing at Eagle Flats (Appleton)
11. River Heath (Appleton)

Even more opportunities for new senior living accommodations exist in the form of known major urban redevelopment projects in several communities, primarily along the shores of the Fox River. Future senior housing facilities have been discussed or planned for at the following sites:

1. Grand Kakalin (Kaukauna)
2. The Cedars at Kimberly (Kimberly)
3. Gilbert Mill Site (Menasha)
4. Foremost Dairy Site (Appleton)

Senior Housing Demand Analysis

A number of indicators can be looked at to better gauge the future demand for senior housing in Sherwood. In this case, the "future" will look out for a period of five years based on data availability. Three indicators of demand that can be looked at for Sherwood include: Past Housing Demand, Internal Population Growth and External Population Growth.

Past Housing Demand

Historic housing trends can often be looked at in order to project needs moving forward. However, in this case, the Village of Sherwood has virtually no track record when it comes to higher density developments, much less those tailored to senior populations. Therefore this indicator will not be looked at further.

Internal Population Growth

Overall population growth can be an indicator as a portion of the total future population will require senior housing as age the cohort shifts. As shown in Table 2, an additional 409 persons are expected to be gained between 2016 and 2020. As shown in Table 3, in 2010, there were already 277 persons 65 years or over within the Village. Another 811 fell between the ages of 45 to 64. Assuming these numbers are roughly the same, and since seven years have passed, this age cohort is now at least 52 years of age. In another 3 to 4 years (end of 5 year projection period) they will be at least 55. This is approximately the age where people might start considering the need to "downsize". This provides a nearby market of approximately additional 650 to 950 individuals moving into this age group over the next 2 to 3 years and perhaps upwards of 1,000 persons who may desire or need some type of alternative senior housing as compared to what's available within the Village now.

Table 2: Village of Sherwood Population Projections

Year	2010	2015 Proj.	2016 Estimate	2020 Proj.	2025 Proj.	2030 Proj.	2035 Proj.	2040 Proj.
Total Population	2,725	2,900	2,959	3,350	3,755	4,155	4,475	4,715

Source: Wisconsin Department of Administration, 2013

Table 3: Population by Age Cohort, Village of Sherwood

Municipality	Under 5	5-19	20-44	45-64	65+	Total	Median Age
V. Sherwood	221	583	821	811	277	2,713	40

Source: U.S. Census Bureau, 2010

External Population Growth

The market for senior housing will certainly extend beyond the Village's borders. As one of the premiere small communities within Calumet County, it is very likely that seniors within Calumet County, the Fox Cities and perhaps even Green Bay or Fond du Lac, could be attracted to Sherwood if the right type of housing is available. Using age cohort projections from WDOA for Calumet County (Table 4), one can see significant growth between 2015 and 2020 in the age cohorts of 65+. A total increase of 1,630 persons in the 65+ age cohort is expected in the

County during this time-period and certainly represents a segment of the market that will have demands for senior housing.

Table 4: Calumet County Population Projections by Sex and Age, 2010-2040, Final Release *Vintage 2013 projections*

Age Group	PopMale 2010	PopMale 2015	PopMale 2020	PopMale 2025	PopMale 2030	PopMale 2035	PopMale 2040	PopFem 2010	PopFem 2015	PopFem 2020	PopFem 2025	PopFem 2030	PopFem 2035	PopFem 2040
0-4	1,788	1,550	1,740	1,810	1,860	1,880	1,900	1,630	1,480	*1,660*	1,730	1,780	1,800	1,820
5-9	1,933	1,940	1,820	2,000	2,050	2,050	2,040	1,894	1,770	1,730	1,900	1,960	1,960	1,960
10-14	1,855	2,010	2,150	1,980	2,160	2,170	2,130	1,823	1,970	1,960	1,880	2,060	2,080	2,050
15-19	1,796	1,770	2,040	2,150	1,980	2,110	2,100	1,593	1,680	1,920	1,880	1,800	1,930	1,940
20-24	1,068	1,310	1,350	1,540	1,610	1,440	1,520	1,023	1,160	1,260	1,420	1,390	1,300	1,380
25-29	1,274	1,210	1,560	1,590	1,790	1,830	1,580	1,343	1,190	1,400	1,510	1,680	1,610	1,480
30-34	1,683	1,430	1,500	1,890	1,900	2,050	2,040	1,595	1,530	1,480	1,690	1,810	1,940	1,820
35-39	1,643	1,810	1,680	1,730	2,150	2,090	2,210	1,682	1,750	1,810	1,710	1,940	2,000	2,120
40-44	1,991	1,700	2,030	1,850	1,890	2,280	2,170	1,998	1,730	1,920	1,950	1,830	2,030	2,070
45-49	2,193	1,980	1,820	2,140	1,940	1,930	2,290	2,049	1,980	1,820	1,990	2,020	1,850	2,030
50-54	1,937	2,130	2,020	1,830	2,150	1,920	1,890	1,929	2,000	2,020	1,830	2,000	2,000	1,820
55-59	1,609	1,860	2,120	1,980	1,790	2,090	1,870	1,621	1,870	2,000	2,000	1,810	1,950	1,940
60-64	1,224	1,500	1,810	2,030	1,900	1,700	1,980	1,172	1,540	1,840	1,950	1,950	1,740	1,870
65-69	847	1,100	1,410	1,690	1,900	1,760	1,580	884	1,100	1,490	1,770	1,880	1,850	1,660
70-74	599	740	1,000	1,280	1,530	1,730	1,610	647	810	1,040	1,400	1,660	1,760	1,740
75-79	448	495	630	850	1,100	1,320	1,500	599	570	740	940	1,280	1,510	1,610
80-84	381	330	385	495	670	870	1,060	451	480	480	620	800	1,090	1,310
85-89	203	220	205	240	315	435	570	302	305	345	350	460	590	810
90 & over	71	100	125	130	150	190	260	193	215	245	285	310	375	480

Source: Wisconsin Department of Administration, 2013

INCREASE / DECREASE

Looking beyond Calumet County's boundaries, ESRI's Business Analyst software was used to delineate a series of 'drive times' in order to approximate the number of targeted individuals (age 65+) that reside in the area. These drive times were established at 5, 10, 20, and 30 minutes. It is presumed that a majority of the market for senior housing opportunities within Sherwood would be derived from persons who have some knowledge of the area and live within close proximity. It is felt that a 30 minute drive time is reasonable in terms of defining the extent of this market. However, it should be noted that a high number of visitors take in the sites at High Cliff State Park annually and therefore knowledge of Sherwood's existence does increase greatly as a result.

Since a 5-year projection is sought, data for both 2016 (current) and 2021 (projected) are included. Furthermore, the 45-64 cohort is also shown to better illustrate the "shift' between the age cohorts – a reduction in this cohort resulting partially from an increase in the 65+ cohort.

In conducting this analysis, it is apparent that a significant potential market exists for senior housing that the Village of Sherwood could tap into. The detailed data is summarized in Table 5 and illustrated on Maps 5 through 8. While the numbers vary with distance, the maximum 30-mile market boundary estimates the current population age 65+ at 39,609. It is expected that this segment of the population will increase by another 7,601 persons by year 2021.

Table 5: Summary of Current and Future Market Potential Based on Drive Times

Age Group / Distance	Current (2016) Total	Projected (2021) Total	5 Year Difference
45-64 – 5 minute drive	809	779	-30
45-64 – 10 minute drive	6,324	6,272	-52
45-64 – 20 minute drive	38,652	37,881	-771
45-64 – 30 minute drive	80,009	78,770	-1,239
65+ – 5 minute drive	387	505	118
65+ – 10 minute drive	2,426	3,050	624
65+ – 20 minute drive	18,931	22,413	3,482
65+ – 30 minute drive	39,609	47,210	7,601

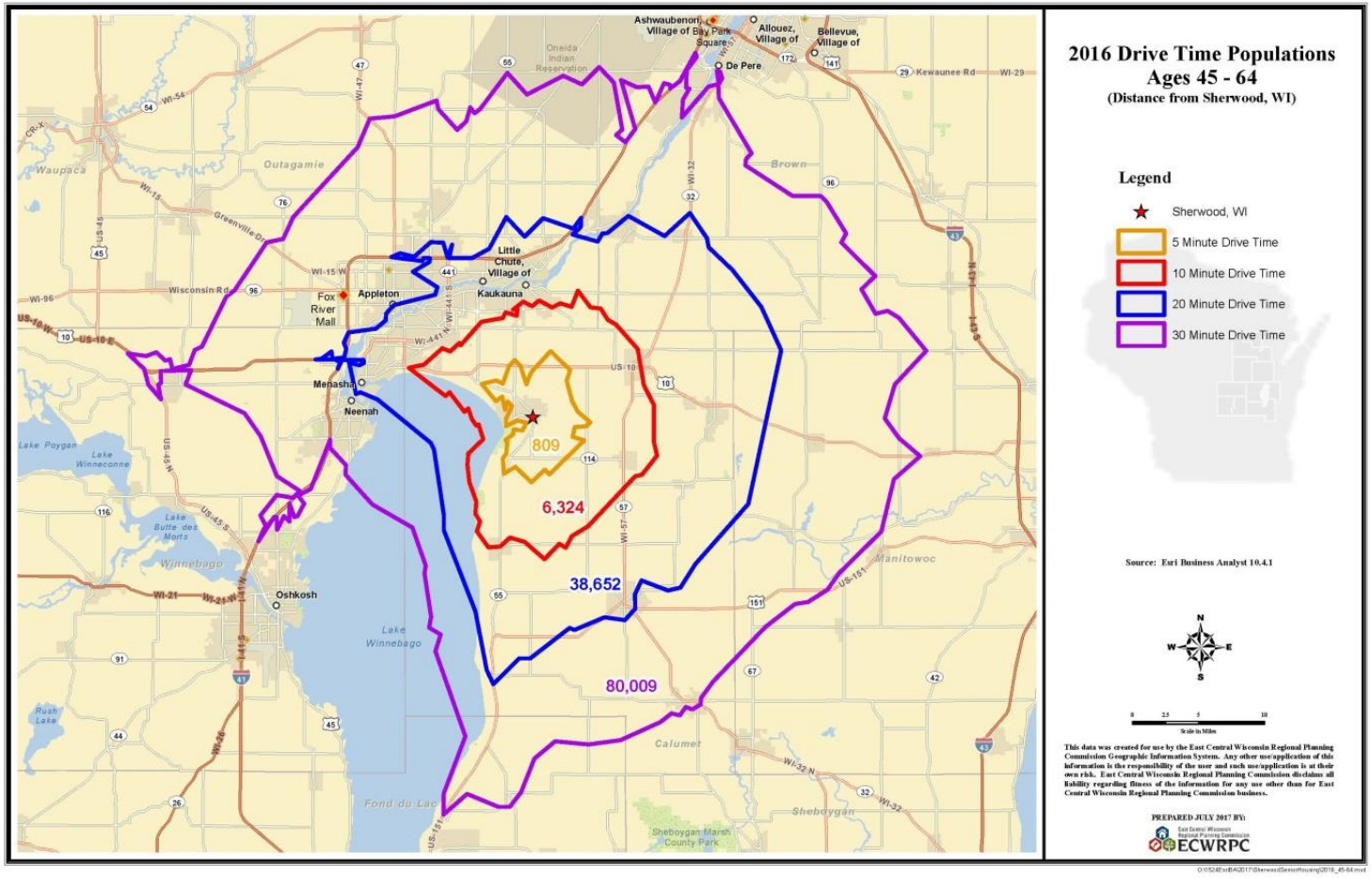
Source: ESRI Business Analyst, 2017

This means that the total potential demand is roughly 8,500 individuals over 5 years. Even if it is assumed that 2 persons inhabit each dwelling unit, a minimum of 4,250 units will be required to accommodate this population. Obviously a majority of current residents 65+ within the 30 minute drive time market are already established in a home. With an increase of this magnitude in the external market, it is highly likely that a reasonable amount of market rate independent living and assisted living units would be occupied assuming that price and amenities are kept competitive. Assuming that even a small portion of this market is captured, it is not unreasonable to estimate that at least 35 to 50 market rate units could be filled over the next 3 to 5 years.

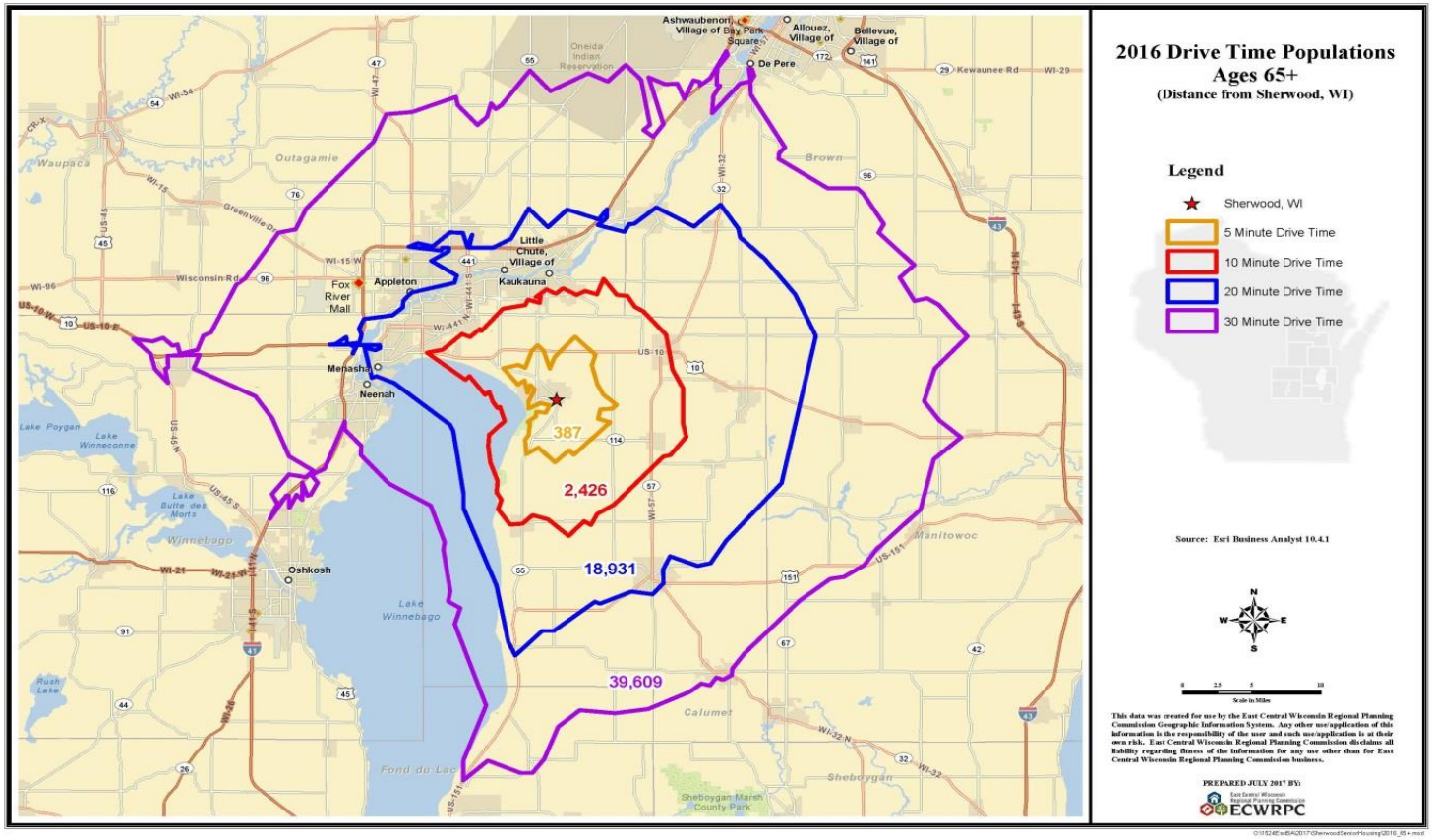
It is also interesting to consider the full impact of these age cohort shifts. According to research by the national firm CBRE in 2015, the average age of a new assisted living resident was 84

years old. In 2017, the leading edge of Baby Boomers is now 69 years old. That's only 15 years until massive amounts of baby-boomers will need assisted living facilities.

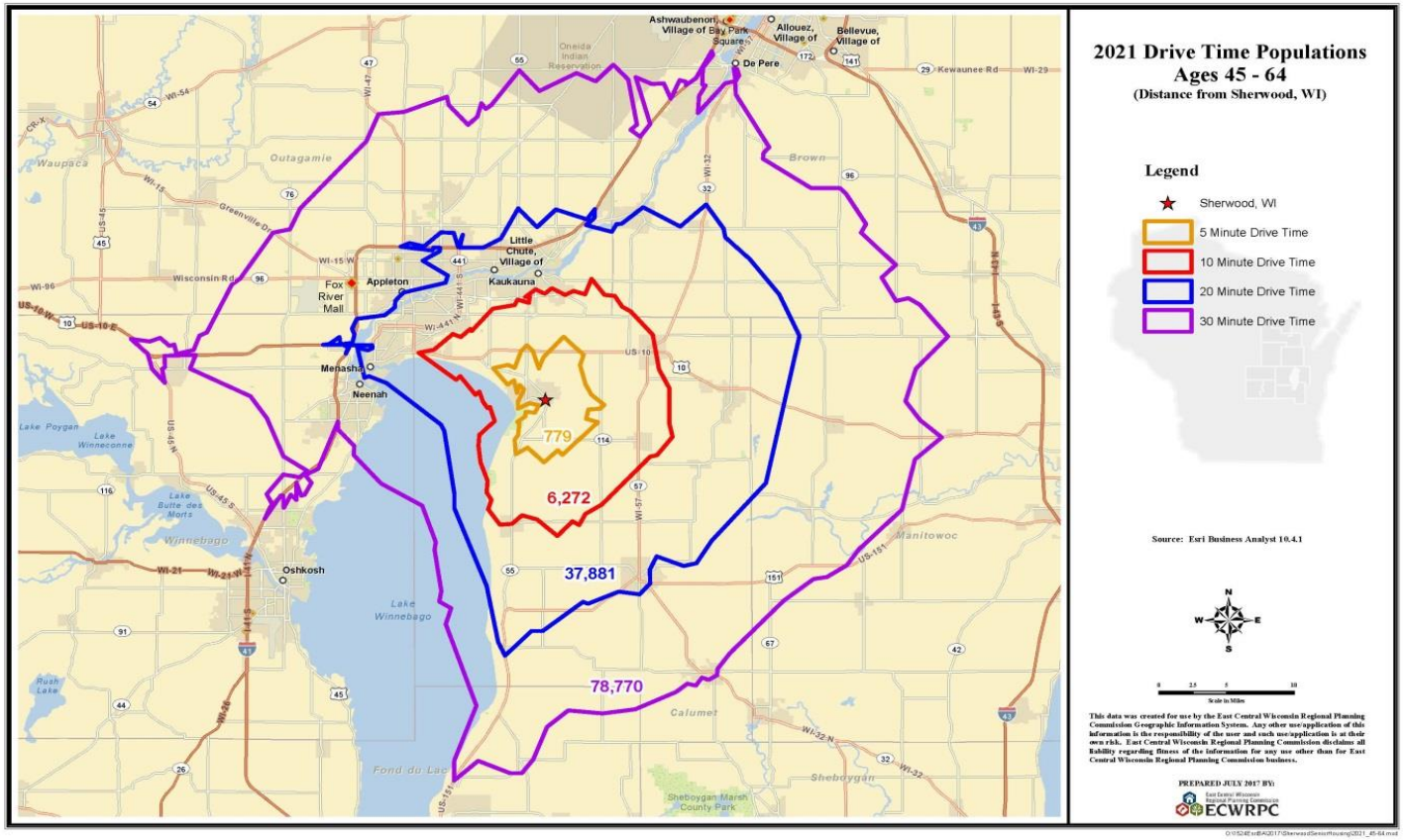
Map 5: 2016 Drive Time Population, Ages 45-64



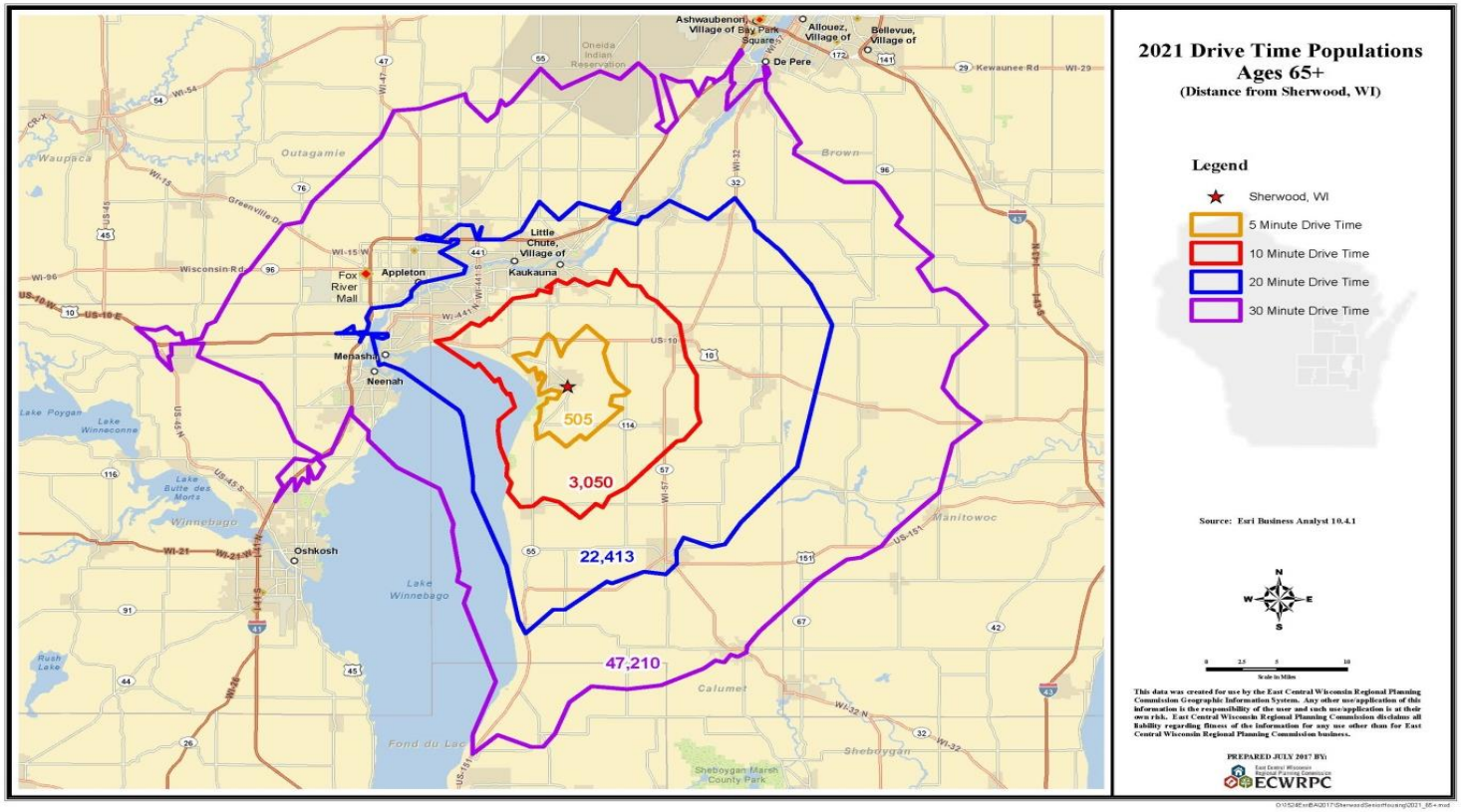
Map 6: 2016 Drive Time Population, Ages 65+



Map 7: 2021 Drive Time Population, Ages 45-64



Map 8: 2021 Drive Time Population, Age 65+



ANECDOTAL EVIDENCE

During the examination of the previous information, it became apparent that gaps may exist, particularly with respect to defining the need/market for market rate or independent senior living facilities. In an effort to gain more information and perspective on the local market and needs for senior housing, a series of phone interviews were conducted with some key agencies and business associations related to the aging, building, and realty trades.

Calumet County Aging and Disability Resource Center (ADRC)

Discussions with the Calumet County ADRC Supervisor indicated that there continues to be a general (if not increasing) demand for quality senior living opportunities within Calumet County. It was noted that limited market rate or assisted living facilities exist in the county and that several are expanding to accommodate demands, including the Uptown Commons market rate facility in Chilton. It was noted that more independent living options should be considered, as anecdotal information shows that older residents are moving to Kaukauna and the Fox Cities where new facilities have been constructed over recent years.

The ADRC prepares a 3-year Aging Plan, last adopted in 2015 for the 2016-2018 time period. This plan outlines various issues and concerns that are/will be faced with respect to the County's aging population. Several excerpts of the plan provide a good overview of the issues, as well as some specific statements (underlined) which directly relate to Sherwood's market potential for senior housing:

> *"Calumet County's population is facing several challenges in supporting aging individuals in community settings. The number of seniors with diagnosis of dementia is increasing, and the need for informal supports to provide care for those with dementia and other debilitating illnesses that may come with aging, continues to rise. Individuals want to remain independent as long as possible, and often do not seek preventative measures until a crisis has arisen and the issue may be too stressful physically, financially or emotionally for the individual and caregiver to manage. Family size has decreased, and many family members have relocated to other parts of the state or country, not being easily accessible for hands on support of aging family members. The need to purchase outside services can be difficult to sustain over time, both due to limited finances and limited availability of home based care. Calumet County lacks the availability of adult day centers, which would allow some caregivers respite or an opportunity to be employed while their aged loved one could be provided with quality support and supervision.*
>
> *An Aging Friendly Communities Survey was completed by the UW Extension Calumet office in the spring of 2013, with results published July 25, 2013. The ADRC participated in the survey, along with other providers of services to seniors in Calumet County. The outcome of the survey listed critical issues that impact seniors, including lack of housing options – especially low-income apartments; not having the financial or physical ability to upkeep their homes or to make modifications to make it more accessible; greater need in the rural area of the county for transportation to medical appointments/ shopping needs/recreation; need for availability of more medical services, specifically geriatrics, specialized service, mental health and long-term chronic care; need for more people employed in caregiving profession and to be paid fair wages; and family caregivers need more support.*
>
> *Input from seniors was received through mail, completion of surveys and verbal interactions. And a number of responses were listed in the July/Aug 2015 The ADRC Connection newsletter:*

- *Getting proper nutrition/Healthy eating-especially when cooking for one*
- *Different types of volunteer opportunities for those who are less physically mobile but who would like to volunteer*
- *Complicated insurance programs*
- *Affordable dental care*
- *Transportation-to medical appointments, shopping, bank*
- *Issues of Falling*
- *Feelings of loneliness; Are there more places/times to meet to socialize or play games?*
- *More affordable senior housing options—specifically in Sherwood and New Holstein. Seniors want to remain in their communities when they down size, by moving into handicap accessible apartment complexes, but some seniors feel the available and affordable options in their community are limited, often having waiting lists. Suggested needs for these apartment complexes include one level, two bedrooms and a garage"*

Of additional note, the ADRC Supervisor emphasized the need to create a strong community environment when considering the construction of new senior housing. The existence of a Community Center or other socialization place(s) is critical to addressing the physical and mental health needs of an aging population. Having the physical and social infrastructure in place as part of the planning for senior living facilities will be increasingly important as a community ages.

Homebuilder's Association of the Fox Valley

A discussion with the Homebuilder's Association did not offer a great deal of insight with respect to senior housing construction trends. While being aware of new construction activities for senior living facilities in the area, it was noted that t many of the HBA's members do not bid on or construct these types of facilities. Most are constructed by out of area/out of state development companies. No significant statistics or anecdotal stories were provided that could support or contradict the information in this report.

Realtor's Association of the Northeast Wisconsin (RANW)

The Realtor's Association did not have any specific data concerning sales of homes by seniors, or purchase of new senior housing units as their real estate transaction processes do not typically capture local demographic information. It was noted however that new provisions have been made recently on Multiple Listing Service (MLS) forms to capture more information on accessibility features in homes (i.e. grab bars, barrier free entries, first floor bedrooms, etc.). In general, their Realtors have been seeing more interest in these types of features which allow for 'aging in place'. In addition, more of the Association's members have been taking coursework on how they can better work with seniors and to better understand this market segment's needs.

A NATIONAL PERSPECTIVE

While it is interesting to look at localized market conditions, it is helpful to have some national level perspective. However, such information must be tamed by the consideration of regional differences. Obviously, the markets in warm-weather states may be drastically different from those in the upper Midwest. According to the CBRE's *2016 Senior Housing & Care Market Mid-Year Report*, which focuses on the real estate aspect of senior housing, this market will perform well as it is being driven by several factors including:

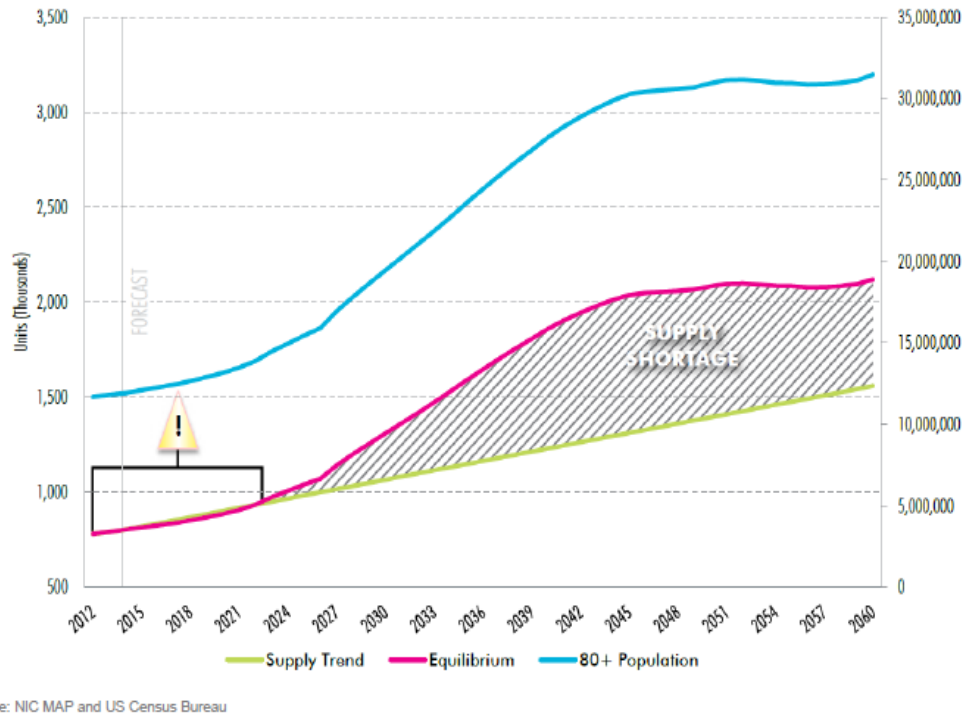
1. The aging of baby boomers, a steady housing market and an attractive spread between borrowing and capitalization rates.

2. Seniors who are becoming more educated about the benefits of living in senior housing and have the financial capacity to take advantage of the numerous service options available to them.

3. The national average occupancy is steady and strong (approximately 90% during the past four quarters) and absorption of new senior housing supply remains healthy.

Additional information (Figure 2) from CBRE in 2015 shows the supply and demand are nearly equal for the next 3 to 5 years, but then, an increasing shortage is expected beyond this timeframe for considerable number of years.

Figure 2: National Senior Housing Demand vs. Supply



Source: "Valuation of Senior Housing Properties", Zach Bowyer, CBRE July, 2015

SENIOR HOUSING OPPORTUNITIES

From a land use perspective, the Village of Sherwood has ample opportunities to support new development that could incorporate a variety of senior housing options and styles as listed previously.

Higher density developments can also help to breathe new life into downtowns across the country. Increases in density and intensity can be an asset to a community in a variety of ways. Specific to Sherwood, these might include:

- allowing for “aging in place” of its current population;
- attracting millennials and young professionals who generally do not seek homeownership until later in life;
- since there is no major industry in Sherwood, higher density development can also offer affordable “workforce” housing for those in the retail and service sectors, and;
- creation of a population that could make for a more vibrant downtown.

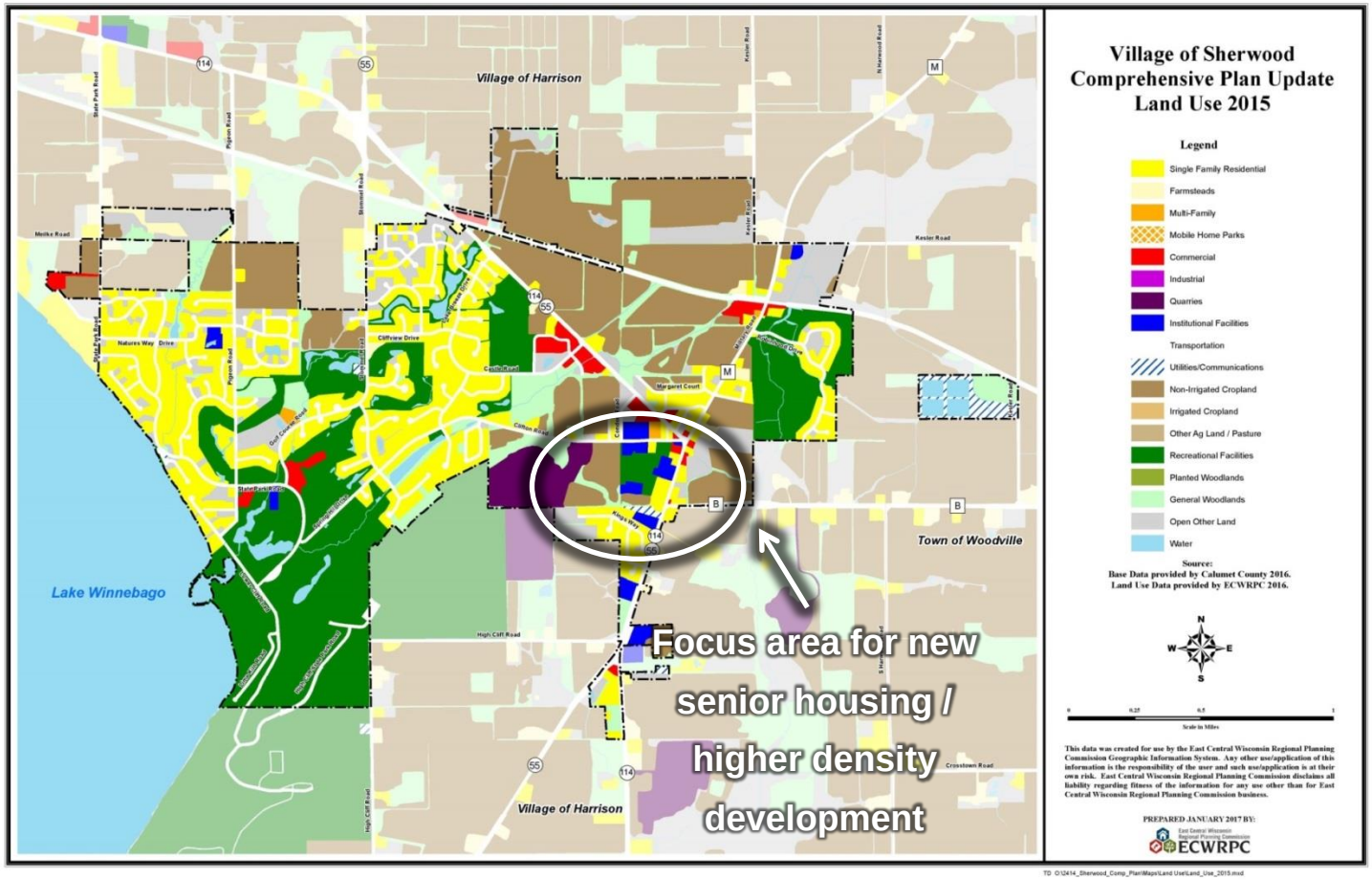
Based on these factors, the Village should closely examine opportunities for new higher density development styles (including senior housing) that integrate well into the existing fabric of the community. Location is an amenity for senior communities when the location offers prime access to one or more benefits such as groceries, pharmacies, medical services, entertainment and services, recreation, climate, nature, or landscaping. Location is also important for seniors and their families as facilities are often chosen based on their proximity to the seniors’ family. It will be critical to consider sites that have attributes beneficial to accommodating an older population such as:

- minimize the impact to neighboring residential land uses;
- provide good vehicular access for visitors and staff;
- provide ample opportunities to walk to a variety of commercial and retail services;
- provide ample opportunities for recreational activity, and;
- provide for an attractive environment that capitalizes on unique aspects of the community’s geography,

A review of existing land uses (2016, Map 9) shows that most significant areas of vacant/underutilized lands that suit these criteria exist in the central portion of the community, to the south of US 114 and west of the downtown. Properties within this general area should be the focus area for such new development.

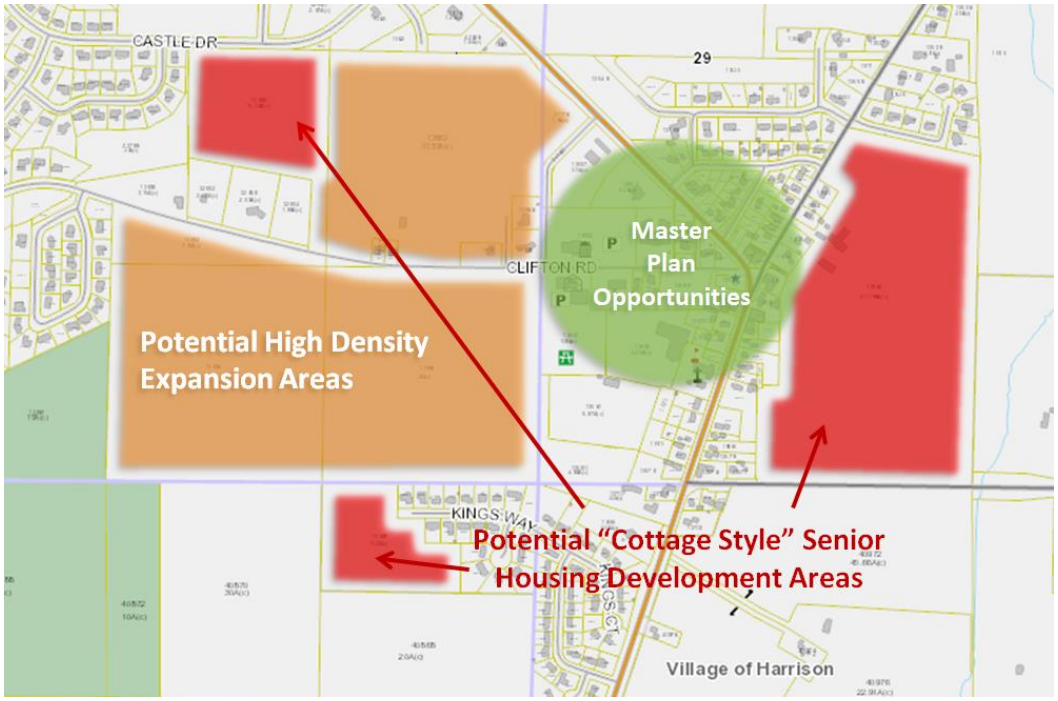
A portion of this area, the downtown, had recently (2014) been studied and future plans do incorporate a housing component (Map 10). Additional lands to the east and west may be good candidates for development due to their close proximity to the downtown and STH 114 services, but also because of the unique views that are offered from the sites. Map 11 shows a conceptual plan for locations that would be served well by higher density development that includes forms of senior housing.

Map 9: Village of Sherwood 2016 Land Use and Senior Housing Focus Area



Map 10: Sherwood Downtown Redevelopment Master Plan (SEH, 2014)

Map 11: Potential Senior Housing / High Density Housing Sites (Conceptual)



CONCLUSIONS AND RECOMMENDATIONS

Based on the information cited, it appears that a substantial market for senior housing will exist within the Village and surrounding area over the next 5 years, however; it is difficult to quantify this demand as it relates to specific sub-segments of the senior population and the variety of housing options that may exist.

Seniors are not a 'market unto themselves', as portions of the senior population have different desires or needs for housing. For example, the 'Young Senior' cohort likely resembles the 'Non-Senior' portion of the population more than it does the 'Middle Seniors'. 'Middle Seniors' and 'Old Seniors' also share many characteristics, but the 'Old Seniors' may have a set of distinct concerns with respect to their housing needs. While this may further muddy the waters regarding the targeting sub-sectors of the Senior market, it is generally affirmed by most that aging in place is the preferred mode of living for seniors regardless of where they fall on the age spectrum. Data from the American Community Survey (ACS) suggests that seniors make their moves mainly out of necessity and not by choice.

Rental housing is a difficult sell to most seniors. Many own their homes outright, meaning they only pay taxes and utilities to continue their occupancy. Also, they tend to have lower renter percentages and wish to age in place. However, disability information suggests that living alone is not a tenable strategy for all seniors, and renting starts to become more common among middle seniors, reaching a maximum in the oldest seniors group. Since rental housing is generally less expensive than buying a home, it can fill part of that need for the senior population given the right product type.

Based on the information and analysis in this report, several key recommendations are provided to the Village in order to further pursue and/or accommodate future senior housing opportunities for its current and future residents. The lead entity which should lead/perform the task is indicated in parentheses:

1. Incorporate the study's findings into the update of the Village's comprehensive plan in a manner which also better addresses the concept of "livability" and creating an age-friendly "livable community". Additional information regarding "livable communities" is contained in Appendix A. (Plan Commission)

2. Identify specific parcels of land within the target area for initial development of market rate independent living facilities over the next 5 years. Similarly, specific sites should be identified for future assisted living facilities that could be developed within the next 10 years. It is expected that 35 to 50 market rate units could likely be filled over the next 3 to 5 years based on internal and external demands. (CDA)

3. Review current zoning regulations and modify as required to facilitate development of high quality, architecturally pleasing buildings, parking and public/quasi-public spaces, including opportunities for commercial/residential mixed uses, cottage style developments and accessory dwelling units. (Plan Commission)

4. Consider the use of an architect to develop more detailed building/master plan concepts that take advantage of viewsheds, and address building massing, placement, materials, and quasi-public/public uses. (Plan Commission)

5. Host a developer/realtor roundtable and tour of the Village and its opportunities in order to generate interest. Be sure to invite county and regional economic development staff as well as the homebuilder's association. Be sure to share and discuss other short and long term plans regarding the community's vision for land use, infrastructure and amenities within the area. (CDA)

6. Target new businesses and services to locate in the target area that can serve a growing senior population. (CDA)

7. Continually monitor internal and external senior housing activities and issues and consider a formal review and update this study after a 3 year period, on or about August, 2020. (CDA)

8. Consult and communicate regularly with the Calumet County ADRC with respect to future planning tasks and activities. Also identify and collaborate with other agencies, associations and entities to better address current and future "aging in place" issues. (CDA and Plan Commission)

9. Encourage resident participation in the Calumet County ADRC's 3-year update of its Aging Plan (to be initiated in 2018). (Village Board)

10. Spend additional time reviewing examples and determining preferences for the types and varieties of housing models as it pertains to market rate and independent living options for seniors. For example, creating housing opportunities that closely resemble seniors' former homes can make renting a more attractive option to households looking for alternatives. Ranch-style "cottages" could be an important part of this equation. (Plan Commission OR CDA).

11. Descriptions of potential senior housing styles for consideration by the CDA and Plan Commission are contained below (originally sourced and modified from City of Elkhart Lake Senior Housing Study, 2014). Pictures showing examples of similar facilities are shown in Figures 3 through 5.

    Duplex/Attached Single Family (townhome/condo) *units are very similar to standard market-rate attached housing, and will typically offer all of the same features and amenities found in a non age-restricted housing development. The distinguishing characteristics of senior-friendly duplex or attached single-family units are universal design elements that anticipate increased longevity, aging in place, and increasing needs for home care and physical accommodations. Universal design elements include step-free entryways; wide doorways and hallways; lever handles for all doors (instead of knobs); first floor bedroom/bath; and non-slip floors, steps, and baths. All senior housing units will contain some or all of the above universal design elements. Duplex/attached single family units are most often found in senior communities of choice such as lifestyle communities, mixed-facility campuses, and RCAC's.*

    Cottage Units *offer independent living in a communal environment for totally or substantially independent seniors. Cottage units house one or more seniors in a non-apartment, non-institutional environment, which is appealing to seniors with limited financial means. Cottages are often indistinguishable from a small single family house or duplex unit from the exterior. In a cottage housing development, groups or "clusters" of individual housing units are together around communal features, typically open space*

and a community building. Because cottage housing offers a communal feature, residents share in a greater sense of community while partaking in the activities or amenities provided. Specific to senior housing, cottage development allows community amenities to be concentrated in one, communal area such as a community center. This type of development has a lower impact on communities and allows seniors easier access to aid.

***Apartments** are the dominant unit type for senior housing, spanning nearly the entire range of senior housing models. Apartments can be luxuriously appointed units in a lifestyle community, modestly sized units for independent seniors of limited means, or small units with less extensive cooking facilities in assisted living communities where meals are served in communal settings. The particular design and appointment of the apartments will depend on the market segmentation and local conditions of the senior housing facility, but any apartment unit will have a private lockable entry and cooking facilities of some nature. It should be noted that the apartment model can also accommodate a variety of mixed uses (i.e. first floor commercial, etc.).*

***In-Home Senior Housing Units** refer to seniors who still live in their own home outside of a senior housing facility, but require outside services. This living arrangement is important to acknowledge as a large percentage of seniors will remain in their homes as long as possible either by choice, or due to financial considerations.*

Other more non-traditional senior housing models exist that may gain more acceptance as seniors seek more cost-effective or socially desirable living arrangements. It is possible that a broader portion of the population will consider these solutions as realistic options:

***Cooperatives** are a form of ownership where the senior housing facility is owned and controlled by the residents themselves. These facilities are often most akin to independent living through congregate care facilities on the senior housing continuum in the building design and services that are offered. The key difference between a senior cooperative and other ownership structures is that cooperatives can appeal to seniors who would be otherwise resistant to moving out of their single-family homes because the cooperative passes the financial benefit of ownership to the senior owners. In this manner, a cooperative ownership structure removes one of the principal obstacles that prevent seniors from moving to a senior housing facility.*

***Home Sharing** is an arrangement where a senior may share their home with another senior or non-senior in exchange for rent or services, or where a group of un-related seniors co-habitate in a single dwelling unit. There is no formal organization that is in charge of a home sharing arrangement; all services are arranged for by the residents themselves.*

***Accessory Dwelling Units**. An accessory dwelling unit (ADU) is a housing unit with complete living facilities that is usually attached or located closely to a single-family home. Both the single family home and the ADU are located on the same property. The ADU, as its own housing unit, can be either rental or owner-occupied housing. Accessory dwelling units are typically referred to as guest apartments or in-law apartments. For older adults who own their homes, adding an accessory dwelling unit can generate additional monthly income, provide added social relationships and offer a higher sense of security. Some older adults who are house-rich but live on a fixed income, rent their single family home to generate income while they reside in the ADU. For older adults in search of rental housing, ADUs offer a smaller apartment that usually leases at a lower amount than regular, full-size units. ADUs can foster independence and a sense of community for older adults who want to live on their own, but also want community*

connections, added security, and a more traditional neighborhood setting. Additionally, many municipalities and states have increased the approval of ADUs as the model has been shown to increase tax revenues and expand the supply of affordable housing.

Figure 3: Examples of Senior Housing Styles/Models

Attached Single Family

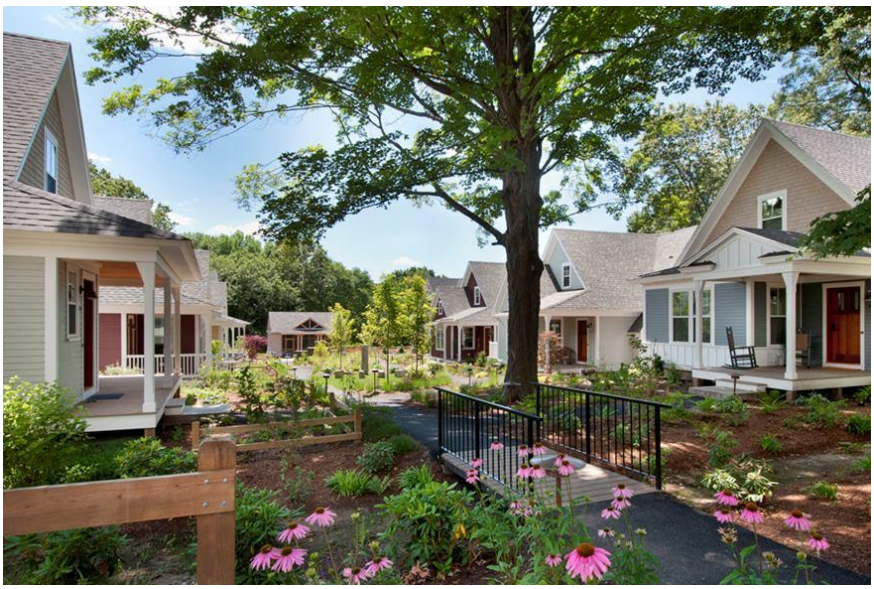
Apartments

Mixed Use Apartments

Figure 4: Examples of Senior Housing Styles/Models

Attached Single Family

Apartments



Cottage Style Units

Figure 5: Examples of Senior Housing Styles/Models

Apartments (themed)

Accessory Dwelling Unit

Accessory Dwelling Unit

APPENDIX A

SUPPLEMENTAL MATERIALS

Calumet County Facilities, 2017

Facility ID	Facility Name	Street	City	State	Class	Gender	Capacity
0011748	BROOKLYN HOUSE	69 E BROOKLYN ST	CHILTON	WI	AFH	B	4
0015184	CASS HOUSE	137 CASS ST	CHILTON	WI	AFH	B	4
0015834	COLONIAL RESIDENCE LLC	705 S MADISON ST	CHILTON	WI	AFH	B	3
0015288	HELENS HOUSE LAKE PARK	N9138 BRENDA DR	APPLETON	WI	AFH	B	4
0015253	LIMITLESS POSSIBILITIES W2025 RICH COURT	W2025 RICH CT	BRILLION	WI	AFH	B	4
0015356	NATIONAL HOUSE	319 E NATIONAL AVE	BRILLION	WI	AFH	B	3
0013644	STEVE AND MISSY WISNIEWSKI	71 BRENTWOOD LN	APPLETON	WI	AFH	B	3
0014907	ACS CLINICAL SERVICES LLC APPLETON	2 BRIGHTON CIRCLE	APPLETON	WI	CBRF - CLASS AS (SEMIAMBULATORY)	F	10
0012537	BRILLION WEST HAVEN	220 ACHIEVEMENT DR	BRILLION	WI	CBRF - CLASS CNA (NONAMBULATORY)	B	60
0015920	CARING HANDS ASSISTED LIVING	2514 WISCONSIN AVE	NEW HOLSTEIN	WI	CBRF - CLASS CNA (NONAMBULATORY)	B	24
0008772	CENTURY RIDGE CHILTON INC	531 E CALUMET ST	CHILTON	WI	CBRF - CLASS CNA (NONAMBULATORY)	B	20
0010623	CENTURY RIDGE INC	535 E CALUMET ST	CHILTON	WI	CBRF - CLASS CNA (NONAMBULATORY)	B	20
410508	CENTURY RIDGE INC	533 E CALUMET ST	CHILTON	WI	CBRF - CLASS CNA (NONAMBULATORY)	B	20
0015847	DARBOY ASSISTED LIVING	N9520 SILVER CT	APPLETON	WI	CBRF - CLASS CNA (NONAMBULATORY)	B	8
0016088	FIELDLANE	335 FIELDLANE	CHILTON	WI	CBRF - CLASS CNA (NONAMBULATORY)	B	8
0010205	GARDENS OF FOUNTAIN WAY (THE)	1050 FOUNTAIN WAY	MENASHA	WI	CBRF - CLASS CNA (NONAMBULATORY)	B	23
410344	GARROW VILLA	210 S PARKWAY DR	BRILLION	WI	CBRF - CLASS CNA (NONAMBULATORY)	B	20
0013613	LIBBYS HOUSE OF CHILTON	323 FIELD LN	CHILTON	WI	CBRF - CLASS CNA (NONAMBULATORY)	B	26
0012113	OAK CREEK ASSISTED LIVING - KIEL	1237 TEKLA PL	KIEL	WI	CBRF - CLASS CNA (NONAMBULATORY)	B	24
0015983	OAK PARK PLACE OF MENASHA	2205 MIDWAY ROAD	MENASHA	WI	CBRF - CLASS CNA (NONAMBULATORY)	B	40

0012211	ROADS TO FREEDOM BRILLION	610 S MAIN ST	BRILLION	WI	CBRF - CLASS CNA (NONAMBULATORY)	B	7
0014651	WILLOWPARK PLACE	1706 HOOVER ST	NEW HOLSTEIN	WI	CBRF - CLASS CNA (NONAMBULATORY)	B	50
0013604	HERITAGE APARTMENT REDEVELOPMENT LLC	108 NATIONAL AVE	BRILLION	WI	RCAC - CERTIFIED	B	12
0015973	OAK PARK PLACE OF MENASHA	2205 MIDWAY ROAD	MENASHA	WI	RCAC - REGISTERED	B	44

2013 Elderly Care Facility Data for the Fox Cities Urbanized Area

FID	Facility Name	Street	City	State	Class	Gender	Capacity	Facility Type
56	AGAPE 2 SILVER SPUR	15 SILVER SPUR	APPLETON	WI	CLASS AA (AMBULATORY)	F	8	CBRF
57	AGAPE 4 GREENFIELD	343 E GREENFIELD ST	APPLETON	WI	CLASS CA (AMBULATORY)	B	8	CBRF
58	AGAPE 6 TILLMAN ST	3013 W TILLMAN ST	APPLETON	WI	CLASS CA (AMBULATORY)	M	6	CBRF
59	AGAPE 8 CHEROKEE ST	2237 W CHEROKEE ST	APPLETON	WI	CLASS AA (AMBULATORY)	M	6	CBRF
60	AGAPE 9 KINGFISHER	N500 KINGFISHER CT	APPLETON	WI	CLASS CNA (NONAMBULATORY)	B	8	CBRF
61	APPLE VALLEY	2214 RUSSET CT	APPLETON	WI	CLASS AA (AMBULATORY)	B	6	CBRF
62	CAROLINA MANOR	3201 W 1ST AVENUE	APPLETON	WI	CLASS CNA (NONAMBULATORY)	B	45	CBRF
63	CASA CLARE A DIVISION OF MOORING PROGRAM INC	201 S GLENRIDGE CT	APPLETON	WI	CLASS AA (AMBULATORY)	F	20	CBRF
64	CLOVERDALE	1825 CLOVERDALE DR	APPLETON	WI	CLASS CNA (NONAMBULATORY)	B	6	CBRF
65	COUNTRY TERRACE APPLETON	749 W PARKWAY BLVD	APPLETON	WI	CLASS CNA (NONAMBULATORY)	B	16	CBRF
66	DARBOY ASSISTED LIVING LLC	N9520 SILVER CT	APPLETON	WI	CLASS CNA (NONAMBULATORY)	B	8	CBRF
67	EMERITUS AT FOX RIVER	5800 PENNSYLVANIA AVE	APPLETON	WI	CLASS CNA (NONAMBULATORY)	B	95	CBRF
68	GRAND HORIZONS	5102 N CHERRYVALE AVE	APPLETON	WI	CLASS CNA (NONAMBULATORY)	B	22	CBRF
69	GRAND HORIZONS II	5118 N CHERRYVALE AVENUE	APPLETON	WI	CLASS CNA (NONAMBULATORY)	B	22	CBRF
70	GRAND HORIZONS III	5117 N CHERRYVALE AVENUE	APPLETON	WI	CLASS CNA (NONAMBULATORY)	B	22	CBRF
71	HEARTWOOD HOMES SENIOR LIVING INC III	1407 N MASON ST	APPLETON	WI	CLASS CNA (NONAMBULATORY)	B	18	CBRF
72	HEARTWOOD HOMES SENIOR LIVING INC IV	1413 N MASON STREET	APPLETON	WI	CLASS CNA (NONAMBULATORY)	B	20	CBRF
73	KLISTER HOUSE	408 N LAWE ST	APPLETON	WI	CLASS AA (AMBULATORY)	M	5	CBRF
74	LSS EASTWOOD CRISIS FACILITY	430 S KENSINGTON DR	APPLETON	WI	CLASS ANA (NONAMBULATORY)	B	8	CBRF
75	LSS GRANDSTONE GROUP HOME	1308 N LEONA ST	APPLETON	WI	CLASS AA (AMBULATORY)	B	8	CBRF
76	MATTHEWS OF APPLETON I	W2629 BARNEY CT	APPLETON	WI	CLASS CNA (NONAMBULATORY)	B	16	CBRF
77	MATTHEWS OF APPLETON II	W2613 BARNEY CT	APPLETON	WI	CLASS CNA (NONAMBULATORY)	B	16	CBRF
78	MOORING PROGRAMS INC	607 W SEVENTH ST	APPLETON	WI	CLASS AA (AMBULATORY)	M	19	CBRF
79	PNUMA 1	W7066 WINNEGAMIE DR	APPLETON	WI	CLASS AA (AMBULATORY)	B	5	CBRF
80	PNUMA 2	233 S LYNNDALE DR	APPLETON	WI	CLASS AA (AMBULATORY)	B	5	CBRF

81	PROVINCE TERRACE VILLAS LONG CT LLC	5216 LONG CT	APPLETON	WI	CLASS CNA (NONAMBULATORY)	B	8	CBRF
82	ROGERS	1719 ROGERS ST	APPLETON	WI	CLASS CNA (NONAMBULATORY)	B	6	CBRF
83	RUSSET	2210 RUSSET CT	APPLETON	WI	CLASS CNA (NONAMBULATORY)	B	7	CBRF
84	RYAN COMMUNITY INC	1338 W PROSPECT AVE	APPLETON	WI	CLASS AA (AMBULATORY)	M	16	CBRF
85	TRI MANOR SOUTH	1312 S MONROE ST	APPLETON	WI	CLASS AS (SEMIAMBULATORY)	B	20	CBRF
86	VAN DYKE	1811 S VAN DYKE RD	APPLETON	WI	CLASS CNA (NONAMBULATORY)	B	8	CBRF
87	VILLA HOPE	613 N DIVISION ST	APPLETON	WI	CLASS AS (SEMIAMBULATORY)	M	15	CBRF
88	VILLA PHOENIX	418 N LAWE ST	APPLETON	WI	CLASS AA (AMBULATORY)	M	17	CBRF
142	EMERALD VALLEY ASSISTED LIVING	200 W VALLEY RD	APPLETON	WI	CLASS CNA (NONAMBULATORY)	B	20	CBRF
143	HERITAGE ASSISTED LIVING	2600 S HERITAGE WOODS DR	APPLETON	WI	CLASS CNA (NONAMBULATORY)	B	20	CBRF
199	STEVE AND MISSY WISNIEWSKI	71 BRENTWOOD LN	APPLETON	WI	AFH	B	3	AFH
256	AGAPE 5	1326/1328 W PERSHING	APPLETON	WI	AFH	B	4	AFH
257	ALPHA ADULT FAMILY HOME	2823 W PARKMOOR CT	APPLETON	WI	AFH	B	4	AFH
258	ATLANTIC STREET HOUSE	114 E ATLANTIC ST	APPLETON	WI	AFH	B	4	AFH
259	BETHESDA LUTHERAN COMMUNITIES GREEN BRIER	1310 GREEN BRIER	APPLETON	WI	AFH	B	4	AFH
260	BETHESDA LUTHERAN COMMUNITIES RANDYS LANE	N224 RANDYS LN	APPLETON	WI	AFH	B	4	AFH
261	BETHESDA LUTHERAN COMMUNITIES WEST WILSON	219 W WILSON	APPLETON	WI	AFH	B	4	AFH
265	HELENS HOUSE LLC	5211 W CENTURY FARM BLVD	APPLETON	WI	AFH	B	4	AFH
267	HIL TAMARACK	1612 WEST PACKARD STREET	APPLETON	WI	AFH	B	4	AFH
268	HIL WESTWOOD	1101 E GLENDALE AVE	APPLETON	WI	AFH	B	4	AFH
269	JONATHON PLACE	2417/2419 JONATHON DR	APPLETON	WI	AFH	B	4	AFH
270	KAYLEE LANE ADULT FAMILY HOME	1619 KAYLEE LANE	APPLETON	WI	AFH	B	4	AFH
272	LINDBERGH STREET ADULT FAMILY HOME	111 E LINDBERGH ST	APPLETON	WI	AFH	B	4	AFH
273	LOPPNOW ADULT FAMILY HOME	2426 N APPLETON ST	APPLETON	WI	AFH	M	4	AFH
275	RIDGEFIELD HOME	W2592 RIDGEFIELD CT	APPLETON	WI	AFH	B	4	AFH
276	SUPERIOR STREET HOUSE	921 N SUPERIOR ST	APPLETON	WI	AFH	B	4	AFH
337	APPLETON RETIREMENT COMMUNITY	200 W PACKARD ST	APPLETON	WI	CERTIFIED	B	104	RCAC

339	RENAISSANCE APPLETON	301 E FLORIDA AVE	APPLETON	WI	CERTIFIED	B	74	RCAC
354	HERITAGE ASSISTED LIVING	2600 S HERITAGE WOODS DR	APPLETON	WI	REGISTERED		137	RCAC
357	TOUCHMARK ON WEST PROSPECT	2601 TOUCHMARK DR	APPLETON	WI	REGISTERED		76	RCAC
361	LSS ADULT DAY SERVICES APPLETON	820 W COLLEGE AVENUE	APPLETON	WI	ADC	B	20	ADCD
266	HICKORY ROAD ADULT FAMILY HOME	N8065 HICKORY ROAD	BEAR CREEK	WI	AFH	B	4	AFH
274	MAYNARD ADULT FAMILY HOME	107 LAMINE LN	COMBINED LOCKS	WI	AFH	B	4	AFH
89	MAYFLOWER ASSISTED LIVING LLC	140 S MAYFLOWER DRIVE	GRAND CHUTE	WI	CLASS CNA (NONAMBULATORY)	B	22	CBRF
90	FOX HOLLOW	W7126 FOX HOLLOW	GREENVILLE	WI	CLASS CNA (NONAMBULATORY)	B	8	CBRF
91	KINDREDHEARTS OF GREENVILLE	W7098 BUTTERCUP CT	GREENVILLE	WI	CLASS CNA (NONAMBULATORY)	B	17	CBRF
92	LIVING TREE ESTATES LLC	N1916 GREENVILLE DRIVE	GREENVILLE	WI	CLASS CNA (NONAMBULATORY)	B	47	CBRF
113	MAEHNOWESEKIYAH WELLNESS CENTER	N2150 KESAEHKAHTEK	GRESHAM	WI	CLASS AS (SEMIAMBULATORY)	B	16	CBRF
97	AGAPE 3 12TH ST	412 E 12TH ST	KAUKAUNA	WI	CLASS CS (SEMIAMBULATORY)	B	8	CBRF
98	AGAPE 7 FIELDCREST	3003 FIELDCREST	KAUKAUNA	WI	CLASS CNA (NONAMBULATORY)	B	8	CBRF
99	AMERICAN GRAND ASSISTED LIVING SUITES	795 TARRAGON DR	KAUKAUNA	WI	CLASS CNA (NONAMBULATORY)	B	26	CBRF
100	AMERICAN GRAND ASST LVG SUITE AT COBBLESTONE	793 TARRAGON DR	KAUKAUNA	WI	CLASS CNA (NONAMBULATORY)	B	30	CBRF
101	KINDREDHEARTS KAUKAUNA	548 FRANCES ST	KAUKAUNA	WI	CLASS CNA (NONAMBULATORY)	B	16	CBRF
263	CILANTRO ADULT FAMILY HOME	4301 CILANTRO LN	KAUKAUNA	WI	AFH	B	4	AFH
264	ERV COURT ADULT FAMILY HOME	W131 ERV COURT	KAUKAUNA	WI	AFH	B	4	AFH
340	ST PAUL VILLA	312 E 14TH ST	KAUKAUNA	WI	CERTIFIED	B	89	RCAC
362	ST PAUL ELDER SERVICES ADULT DAY SERVICE	316 E 14TH ST	KAUKAUNA	WI	ADC	B	20	ADCD
102	GRAND HORIZONS KIMBERLY I	820 SCHELFHOUT LN	KIMBERLY	WI	CLASS CNA (NONAMBULATORY)	B	22	CBRF
103	GRAND HORIZONS KIMBERLY II	816 SCHELFHOUT LN	KIMBERLY	WI	CLASS CNA (NONAMBULATORY)	B	26	CBRF
104	KIMBERLY PLACE	314 W KIMBERLY AVE	KIMBERLY	WI	CLASS AA (AMBULATORY)	B	8	CBRF
271	LAMERS HOUSE	630 LAMERS RD	KIMBERLY	WI	AFH	B	4	AFH
105	CARE PARTNERS LITTLE CHUTE	425 MOASIS DR	LITTLE CHUTE	WI	CLASS CNA (NONAMBULATORY)	B	14	CBRF
10	GARDENS OF FOUNTAIN WAY (THE)	1050 FOUNTAIN WAY	MENASHA	WI	CLASS CNA (NONAMBULATORY)	B	23	CBRF

144	ADARE I	1645 CENTURY OAKS CT	MENASHA	WI	CLASS CNA (NONAMBULATORY)	B	16	CBRF
145	ADARE II	1650 CENTURY OAKS CT	MENASHA	WI	CLASS CNA (NONAMBULATORY)	B	8	CBRF
146	ADARE III	1665 CENTURY OAKS CT	MENASHA	WI	CLASS CNA (NONAMBULATORY)	B	8	CBRF
147	ADARE IV	1670 CENTURY OAKS CT	MENASHA	WI	CLASS CNA (NONAMBULATORY)	B	8	CBRF
148	ANEW CHOICE CARE INC I	1255 DEPERE ST	MENASHA	WI	CLASS CNA (NONAMBULATORY)	B	6	CBRF
149	ANEW CHOICE CARE INC II	1265 DEPERE ST	MENASHA	WI	CLASS CNA (NONAMBULATORY)	B	6	CBRF
150	GARDENVIEW INC	1712 MIDWAY RD	MENASHA	WI	CLASS CNA (NONAMBULATORY)	B	15	CBRF
151	PRAIRIE HOME I	1463 KENWOOD DR	MENASHA	WI	CLASS CNA (NONAMBULATORY)	B	20	CBRF
152	PRAIRIE HOME II	1461 KENWOOD DR	MENASHA	WI	CLASS CNA (NONAMBULATORY)	B	15	CBRF
153	PRAIRIE HOME III	1459 KENWOOD DR	MENASHA	WI	CLASS CNA (NONAMBULATORY)	B	15	CBRF
291	CLARITY CARE BROAD STREET HOUSE	408 BROAD STREET	MENASHA	WI	AFH	B	4	AFH
297	EL RANCH	1350 STEAD DR	MENASHA	WI	AFH	M	3	AFH
312	RATTLER HOUSE	1350 STEAD DR	MENASHA	WI	AFH	B	3	AFH
316	THIRD STREET HOUSE	357 THIRD ST	MENASHA	WI	AFH	M	3	AFH
154	ALTEN HAUS TRADITIONS	1091 JACOBSEN RD	NEENAH	WI	CLASS CNA (NONAMBULATORY)	B	15	CBRF
155	CLARITY CARE GREENFIELD HOUSE	643 GREENFIELD ST	NEENAH	WI	CLASS CNA (NONAMBULATORY)	B	8	CBRF
156	CLARITY CARE STATE STREET HOUSE	105 STATE ST	NEENAH	WI	CLASS CNA (NONAMBULATORY)	M	6	CBRF
157	CLARITY CARE THIRD STREET HOUSE	225 3RD ST	NEENAH	WI	CLASS CNA (NONAMBULATORY)	B	5	CBRF
158	ELDER LODGE	1055 JACOBSEN RD	NEENAH	WI	CLASS CNA (NONAMBULATORY)	B	15	CBRF
159	FRIEDA MAE HAUS	625 BONDOW DR	NEENAH	WI	CLASS CNA (NONAMBULATORY)	B	12	CBRF
160	JOSEPHINE VERONICA HAUS	635 BONDOW DR	NEENAH	WI	CLASS CNA (NONAMBULATORY)	B	10	CBRF
161	MATTHEWS OF IRISH ROAD CBRF	1760 IRISH RD	NEENAH	WI	CLASS CNA (NONAMBULATORY)	B	20	CBRF
162	MATTHEWS OF NEENAH I	970 W AMERICAN DR	NEENAH	WI	CLASS CNA (NONAMBULATORY)	B	20	CBRF
163	MATTHEWS OF NEENAH II	990 W AMERICAN DR	NEENAH	WI	CLASS CNA (NONAMBULATORY)	B	20	CBRF
164	PNUMA 3	1955 CTY RD A	NEENAH	WI	CLASS AA (AMBULATORY)	B	6	CBRF
165	REHABILITATION HOUSE INC	107 PROFESSIONAL PLAZA	NEENAH	WI	CLASS AS (SEMIAMBULATORY)	B	14	CBRF

166	STERLING HOUSE OF NEENAH	2330 BRUCE ST	NEENAH	WI	CLASS CNA (NONAMBULATORY)	B	20	CBRF
167	VNA ASSISTED LIVING	1533 LYON DR	NEENAH	WI	CLASS CNA (NONAMBULATORY)	B	64	CBRF
290	BREWER HOUSE	165 PLUMMER CT	NEENAH	WI	AFH	B	4	AFH
295	CRYSTAL PLACE	700 JACKSON STREET	NEENAH	WI	AFH	B	4	AFH
300	HARBOR HOPE	908 BALDWIN ST	NEENAH	WI	AFH	M	4	AFH
303	JANES WAY I	846 BALDWIN ST	NEENAH	WI	AFH	B	4	AFH
310	PEARL HOUSE	1218 - 1220 MEADOW LN	NEENAH	WI	AFH	B	4	AFH
311	QUARRY LANE	504 QUARRY LN	NEENAH	WI	AFH	B	3	AFH
319	VIOLA	1200 VIOLA ST	NEENAH	WI	AFH	B	4	AFH
321	WILSON HOUSE	404 DIEKHOFF	NEENAH	WI	AFH	B	4	AFH
350	ALEXANDRITE MANOR VNA APARTMENTS	1537 LYON DRIVE	NEENAH	WI	REGISTERED		32	RCAC
355	ISLAND SHORES	131 E NORTH WATER ST	NEENAH	WI	CERTIFIED	B	101	RCAC
356	MATTHEWS OF IRISH ROAD RCAC	1760 IRISH RD	NEENAH	WI	CERTIFIED	B	5	RCAC
358	VILLA SAINT CLARE	130 BRYD AVE	NEENAH	WI	CERTIFIED	B	45	RCAC
							2036	

Source: Wisconsin Dept. of Health Services, Esri Business Analyst and ECWRPC, 2013

1. **Outdoor Spaces and Buildings**

2. **Transportation**

3. **Housing**

4. **Social Participation**

The AARP Network of Age-Friendly Communities

and work within

The 8 Domains of Livability

help communities become great for people of all ages

5. **Respect and Social Inclusion**

6. **Civic Participation and Employment**

7. **Communication and Information**

8. **Community and Health Services**

Learn more at **AARP.org/agefriendly**

AARP Real Possibilities

AARP LIVABLE COMMUNITIES

The 8 Domains

Domain 1

Outdoor Spaces and Buildings

People need places to gather — indoors and out. Parks, sidewalks, safe streets, outdoor seating and accessible buildings (think elevators, stairs with railing, etc.) can be used and enjoyed by people of all ages.

Domain 2

Transportation

Driving shouldn't be the only way to get around. Public transit options can be as expansive as a train system or as targeted as a taxi service that provides non-drivers with rides to and from a doctor's office.

Images from the Age-Friendly Inspiring Communities Report: aarp.org/livability-examples

Domain 3

Housing

Most older adults want to age in place. Doing so is possible if homes are appropriately designed or modified — and if a community includes affordable housing options for varying life stages.

Domain 4

Social Participation

Regardless of one's age, loneliness negatively affects a person's health and sense of wellbeing. Isolation can be combatted by the availability of accessible, affordable and fun social activities.

Images from the Age-Friendly Inspiring Communities Report: aarp.org/livability-examples

Domain 5

Respect and Social Inclusion

Intergenerational activities are a great way for young and old to learn from one another, honor what each has to offer and, at the same time, feel good about themselves.

Domain 6

Civic Participation and Employment

An age-friendly community provides ways older people can, if they choose to, work for pay, volunteer their skills and be actively engaged in community life.

Images from the Age-Friendly Inspiring Communities Report: aarp.org/livability-examples

Domain 7

Communication and Information

Age-friendly communities recognize that not everyone has a smartphone or Internet access and that information needs to be disseminated through a variety of means.

Domain 8

Community and Health Services

At some point, everyone gets hurt, becomes ill or simply needs a bit of help. While it's important that care be available nearby, it's essential that residents are able to access and afford the services required.

Images from the Age-Friendly Inspiring Communities Report: aarp.org/livability-examples

EAST CENTRAL WISCONSIN REGIONAL PLANNING COMMISSION

Jerry Erdmann, Chair
David Albrecht, Vice-Chair
Eric Fowle, Secretary-Treasurer

COMMISSION MEMBERS

CALUMET COUNTY

Alice Connors
Ed Kleckner
Merlin Gentz

FOND DU LAC COUNTY

Martin Farrell
Brenda Schneider
Lee Ann Lorrigan
(Joseph Moore, Alt.)
Allen Buechel
Charles Hornung

MENOMINEE COUNTY

Ruth Winter
Elizabeth Moses
(Jeremy Johnson, Alt.)
James Lowey

OUTAGAMIE COUNTY

Thomas Nelson
Daniel Rettler
Timothy Hanna
Jeff Nooyen
Michael Thomas
Kevin Sturn

SHAWANO COUNTY

Jerry Erdmann, Chair
Thomas Kautza
Chuck Dallas

WAUPACA COUNTY

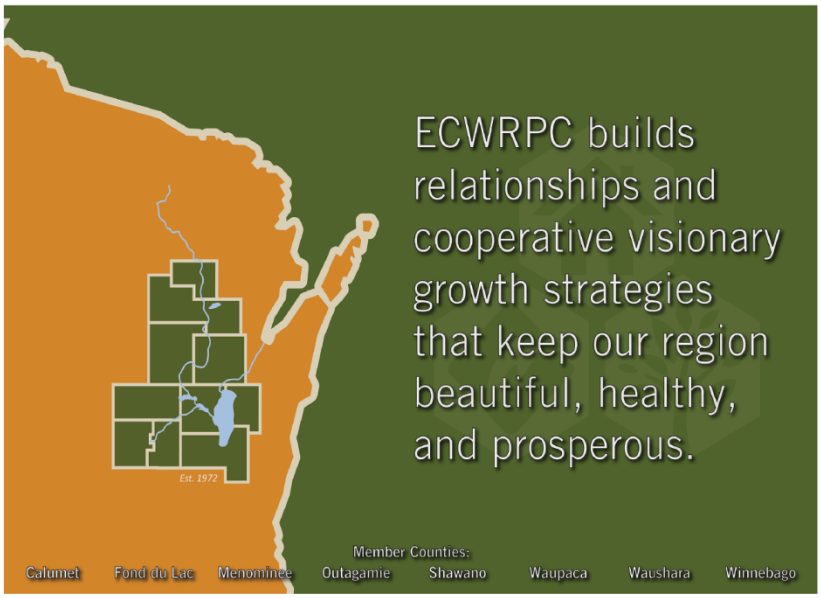
Dick Koeppen
Gary Barrington
Brian Smith
DuWayne Federwitz

WAUSHARA COUNTY

Donna Kalata
Larry Timm
Neal Strehlow

WINNEBAGO COUNTY

Mark Harris
David Albrecht
Ernie Bellin
Steve Cummings
Ken Robl
Robert Schmeichel

EX-OFFICIO MEMBERS

Jill Michaelson
Ronald McDonald