

Sonoma County Master Plan for Aging

To view the complete Sonoma
County MPA, scan here.



Name: _____

Email: _____

I want to be involved in the MPA implementation in the following ways:

Receive periodic email updates

Be part of a Goal Area Action Team (check which Action Team below):

___ Housing

___ Wellness, Equity, & Inclusion

___ Transportation

___ Caregiving

___ Health

___ Economic Security

Assist with the other MPA implementation tasks

Learn about philanthropic opportunities

Other: _____

I want to share the following skills or ideas that could apply to the MPA implementation:

Place in the drop box or email to aaa@schsd.org