



*Department of Elder Affairs
Elder Services Directory Agency Profile*

Agency/Organization Contact Information

Agency/Organization Name: _____

Also Known As: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Administrative Phone #: _____ TDD/TTY: _____ Fax: _____

Phone for Consumer Inquiries if Applicable: _____ Extension: _____

Web Site: _____ E-mail Address: _____

Hours of Operation: _____

Bilingual Staff Available: _____ Yes _____ No

Legal Status: _____ Government _____ For-Profit _____ Non-Profit

Program Name if Applicable: _____

Services Provided: _____

Geographic Area/County Served: _____

The information provided to the Area Agency on Aging/Elder Helpline is true and accurate to the best of my knowledge. I understand that this information will be included in the Department of Elder Affairs Elder Services Directory. Participation in the statewide database does not constitute an endorsement of our agency by the department.

Signature: _____ Date: _____