



*Area Agency on Aging
for Southwest Florida, Inc.*
an Aging Resource Center

**ELDER HELPLINE
RESOURCE DATABASE
ORGANIZATION INFORMATION**

Organization Name: _____

Parent Organization: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ County: _____ Zip: _____

Administrative Phone: _____

Phone for Consumer Inquires if Applicable: _____ Ext: _____

TDD: _____ Fax: _____

Website: _____ E-mail: _____

Contact Name: _____ Contact Title: _____

Business Hours: _____

Bilingual Staff Available: _____ Yes _____ No

Languages Other Than English Supported: _____ Yes _____ No

If Yes, what are they? _____

Legal Status: Non Profit _____ For Profit _____ Government _____ Other _____ if other please explain _____

Method of Payment: Medicare _____ Private Insurance _____ Donations _____
Medicaid _____ Private Pay _____ Sliding Scale _____
Free Services _____ Other _____

Accessibility/Facilities: Physical Access for People w/Disabilities Yes _____ No _____
Accessible by Public Transportation Yes _____ No _____
Public Parking Available Yes _____ No _____

Are you licensed to provide service? Yes ___ No ___

License number? _____

Have you been in business a minimum of 1-year Yes ___ No ___

Is this program currently active? Yes ___ No ___

Counties Served: ___ All ___ Charlotte ___ Collier ___ Desoto ___ Glades ___ Hendry ___ Lee
___ Sarasota

Eligibility: Who is eligible for this service?

Elders: Yes ___ Caregiver/Support: Yes ___
No ___ No ___
60 years or older 18 years or older

Intake Procedure: Walk Ins Yes ___ No ___

What information does the consumer need to bring?

Description of Services Provided:

The information printed above (along with my corrections is true to the best of my knowledge. I understand that this information may be included in printed/electronic resource directories published by Area Agency on Aging for Southwest Florida and that it may be edited for length and/or content.

(Signature)

(Printed Name)

(Title)

(Date)

**Department of Elder Affairs/Area Agency on Aging for Southwest Florida
Statewide Integrated Information and Referral Database**



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I, _____ attest that the information provided on behalf of our agency/organization is true and accurate. I also understand and agree that misrepresentation or omission of pertinent information regarding the agency and/or services provided will result in the deletion of the agency or organization from the database without notice. Furthermore, it is acknowledged and understood that participation in the Department of Elder Affairs' (DOEA) statewide database and the Area Agency on Aging for Southwest Florida's/Aging Resource Center (AAASWFL/ADRC) statewide database does not constitute an endorsement of the agency by the DOEA or the AAASWFL/ADRC.

Signature _____ Date: _____

For EHL office use

Date Started: _____ Date Entered: _____ Date Checked: _____
Date Filed: _____

For EHL office use.

Add To: _____ REFER _____ Florida Elder Services Directory

Submitted by: _____