

Partners in the Local Community¹

Agency Name: _____ Telephone: _____

Address: _____

Date of Contact: _____ Contact Person: _____

Office Hours: _____

Services Available	Cost	Eligibility Requirements	Waiting Period

Methods of payment accepted: _____

Will they be mailing program brochures or applications? Yes ___ No ___

How to apply for services: _____

Other information about services: _____

Transportation available to services: _____

¹ Adapted from American Association of Homes and Services for the Aging, Service Coordinator Training Manual, 1997.