



Request for Inclusion

Weld County Area Agency on Aging
HelpSource Program and Resource Guide

Please complete ALL fields and type EXACTLY as should be published. Please mark "N/A" when applicable.

| | | | |
|--|-----------------------------------|-----------------|--|
| Agency Name: | | Date Submitted: | |
| Agency Address: | | | |
| Agency City: | State: | Zip: | |
| Agency Phone: | Agency Fax: | | |
| Agency Website: | | | |
| State Certification and/or License #: | Number of Years in Business: | | |
| Agency Description: | | | |
| This is a <u>New Request</u> : | <u>Change</u> to Current Listing: | | |
| Please mark all categories below that apply: | | | |

- | | | |
|--|--|---|
| <input type="checkbox"/> Adult Day Programs | <input type="checkbox"/> Food | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> Adult Protective Services | <input type="checkbox"/> Health Education/Wellness | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Advance Directives | <input type="checkbox"/> Hearing Assistance | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> Caregiver Support | <input type="checkbox"/> Home Care/Health Agency | <input type="checkbox"/> Personal Alert Systems |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Home Repair/Weatherization | <input type="checkbox"/> Prescription Assistance |
| <input type="checkbox"/> Chore Services | <input type="checkbox"/> Homeless Shelters/Services | <input type="checkbox"/> Respite Care (Day) |
| <input type="checkbox"/> Consumer Affairs/Legal | <input type="checkbox"/> Hospice and Palliative Services | <input type="checkbox"/> Senior Center/Recreation |
| <input type="checkbox"/> Counseling/Support Groups | <input type="checkbox"/> Hospitals and Clinics | <input type="checkbox"/> Tax Assistance |
| <input type="checkbox"/> Dental Assistance | <input type="checkbox"/> Housing-Assisted Living | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Durable Medical Equipment | <input type="checkbox"/> Housing-Subsidized/Low Rent | <input type="checkbox"/> Veteran Services |
| <input type="checkbox"/> Elder Abuse (scams/fraud) | <input type="checkbox"/> Housing-Non-Subsidized | <input type="checkbox"/> Vision Assistance |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Information and Referral | <input type="checkbox"/> Volunteer Opportunities |
| <input type="checkbox"/> Energy Assistance | <input type="checkbox"/> In-Home Services | |
| <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Medicaid | |

Provider Certification

I certify that the information provided in my request is true and accurate to the best of my knowledge and I am legally permitted to sign on behalf of the agency. In addition, I certify that I have read and understand the Inclusion/Exclusion policy and my agency complies with the Inclusion Criteria.

I understand that Weld County Area Agency on Aging does not guarantee inclusion in its Guide and that the listing of agencies, businesses, and/or programs is based on established inclusion/exclusion criteria. In addition, I understand that this information may be provided to individuals and published in a variety of formats, including the internet, and that listing or publication of information does not guarantee referral for services. I also agree to inform the Weld County AAA of any changes or discrepancies in a timely manner.

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|---------------|--|--------|--|
| Contact Name: | | Phone: | |
| Email: | | | |