



Weld County Area Agency on Aging
Assistance • Advocacy • Answers on Aging

HELPSOURCE GUIDE 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: _____ Number of Years in: _____
 Agency Description: _____
 This is a NEW request: _____ CHANGE to Current Listing: _____

Please Mark all categories below that apply:

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

Contact Name: _____ **Phone:** _____
Email: _____