

Information Collection and Website Application Form

Aging Projects, Inc.



Rev. 11.12.2012

*Denotes required fields.

Click above to open the website in your browser.

Hold your mouse cursor over many of the input areas below to read additional information about filling out this application.

Note: If this feature doesn't appear, you may need to open this form in Adobe Reader rather than directly in your browser.

*Provider Name

Program Name (if a provider with separately funded programs)

*Business Address

☐

Do not publish Business Address, 2nd Phone or Fax number on the website
(Other information in this section will be displayed.)

*City

*State

*Zip

☐

Service provided in Henderson County

Other counties served:

Phone

Email

2nd Phone

Fax

Website Address (if available; give complete URL for specific program if possible)

☐

Is the provider a government recognized non-profit?

Contact Information (For Administrative Use Only; will **not** be published on the website.
This is the person responsible for confirming/updating information)

*Contact Name

*Contact Phone/Ext.

Contact Email

Credentialing/Licensing Agencies (if applicable)

This information will be checked and will be made available to users of the Aging Projects website.
You must give complete information, including license/permit number and a website address (plus instructions if needed) that will lead to your license/permit information.

Name

Website and/or other information

Name

Website and/or other information

Name

Website and/or other information

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Categories applicable to this particular service (You may select more than one)

See more complete category definitions at www.agingprojectsinc.org or hover the cursor over the category name.

PLEASE NOTE: With few exceptions, the services or products checked must be provided or delivered in the home of the client/customer. Please email info@agingprojectsinc.org if you have questions or need help.

ADVOCACY/CASE MANAGEMENT

- ☐ Medical/Nursing
- ☐ Social Support
- ☐ *[Bundled sets of services including the above services are available]*

BASIC NEEDS

- ☐ Appliances
- ☐ Clothing
- ☐ Communication Technologies
- ☐ Furniture
- ☐ Nutrition/Food
- ☐ Social Needs

CARE

- ☐ Adult Day Health Care
- ☐ Caregiver Education & Support
- ☐ Grooming *
 - ☐ Bathing
 - ☐ Hairdressing
 - ☐ Nail Care
 - ☐ *[Bundled sets of services including the above services are available]*
- ☐ Home Care Help *
 - ☐ Errands
 - ☐ Housekeeping
 - ☐ *[Bundled sets of services including the above services are available]*
- ☐ Home Health
 - ☐ Nursing Care
 - ☐ Physical Therapy
 - ☐ *[Bundled sets of services including the above services are available]*
- ☐ Medications
- ☐ Personal Care *

CARE continued

- ☐ Personal Care Supplies *
 - ☐ Diabetic
 - ☐ Incontinence
 - ☐ Ostomy
 - ☐ Oxygen and Respiration
 - ☐ *[Bundled sets of services including the above services are available]*
- ☐ Pet Care
- ☐ Respite
 - ☐ Away From Your Home
 - ☐ In Your Home
 - ☐ Subsidies/Funding Help
- ☐ Transitions
 - ☐ Moving/Relocating
 - ☐ Assisted Living Facilities
 - ☐ Continuing Care Retirement Communities (CCRCs)
 - ☐ Hospice/Palliative Care Facilities
 - ☐ Nursing Home/Skilled Care Facilities
 - ☐ Other Congregate Facilities (including Adult/Family Care)
 - ☐ *[Bundled sets of services including the above services marked * are available]*

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Suggestions for future additions to categories on this page:

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Categories applicable to this particular service *continued* (You may select more than one)

FINANCIAL/INSURANCE

- ☐ Crisis Intervention
- ☐ Financial Education
- ☐ Funeral Planning
- ☐ Health-related Financial Issues
- ☐ Housing Assistance
- ☐ Insurance
- ☐ Medicare/Medicaid
- ☐ Money Management
- ☐ Mortgage/Foreclosure
- ☐ Pay Bills/Balance Checkbook
- ☐ Taxes

HEALTH

- ☐ Assessment for Memory Disorders
- ☐ Chronic Medical Conditions
- ☐ Complementary Therapies
- ☐ Dental Health
- ☒ Equipment for Chronic Conditions *
 - ☐ Diabetes
 - ☐ Mobility
 - ☐ Respiratory
 - ☐ [Bundled sets of services including the above services are available]
- Financial Issues with Health (see FINANCIAL/INSURANCE)
- ☐ Geriatric Assessment
- ☐ Medications *
 - Mental Health (see MENTAL HEALTH)
- ☐ Pain Management *
- ☐ Prescription Delivery *
- ☐ Preventative Services
- ☐ Support Groups
- ☐ Wellness/Self Health Management
- ☐ [Bundled sets of services including the above services marked * are available]

HOUSING

- ☐ Comfort at Home
- ☐ Finding Affordable Housing
- ☐ Handyman Services
- ☐ Living at Home
- ☒ Maintaining Your Home and Yard
 - ☐ Housekeeping
 - ☐ Yard Work
- ☐ Organizing/De-cluttering
- ☒ Repairing/Improving Your Home
 - ☐ General Home Repairs and Services
 - ☐ Remodeling – Custom
 - ☐ Renovation
- ☐ Retrofitting Your Home for Disability
- Safety at Home (see SAFETY/SECURITY)
- ☐ Tax Assistance
- Transitions (see CARE)

LEGAL/ELDER LAW

- ☐ Abuse and Exploitation
- ☐ Advance Directives/Medical Power of Attorney/Living Will
- ☐ Competency
- ☐ Estate Planning
- ☐ Guardianship
- ☐ Housing Issues
- ☐ Medicaid Planning
- ☐ Relationship Issues

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Categories applicable to this particular service *continued* (You may select more than one)

MEMORY

- ☐ Adult Day Care and Alzheimer's Units
- ☐ Assessment
- ☐ Caregiver Support and Education
- ☐ Comprehensive Medical Management *
- ☐ Treatment *
- ☐ [Bundled sets of services including the above services marked * are available]

MENTAL HEALTH

- ☐ Client Support
- ☐ Depression
- ☐ Family Support *
- ☐ Grief Support *
- ☐ Other Mental Health Issues
- ☐ Substance Abuse
- ☐ [Bundled sets of services including the above services marked * are available]

NUTRITION/FOOD

- ☐ Congregate Meals
- ☐ Food Banks/Food Distribution
- ☐ Food Supplements
- ☐ Frozen Meals
- ☐ Home Delivered Groceries
- ☐ Home Delivered Meals
- ☐ Home Prepared Meals
- ☐ Nutritional Counseling & Education
- ☐ Take-out Meals

PHYSICAL/MOBILITY ISSUES

- ☐ Appliances/Equipment *
- ☐ Assessment and Treatment *
- ☐ Pain Management *
- ☐ Personal Trainers
- ☐ Respiratory Issues *
- ☐ Retrofitting Your Home for Disability
- ☐ Special Services
 - ☐ Blindness
 - ☐ Dental
 - ☐ Hearing
 - ☐ Mobility
 - ☐ [Bundled sets of services including the above services are available]
- ☐ [Bundled sets of services including the above services marked * are available]

SAFETY/SECURITY

- ☐ Abuse and Exploitation
- ☐ Driver Safety
- ☐ Home Alarm Devices
- ☐ Home Safety Assessment
- ☐ Home Security
- ☐ Organization/De-cluttering
- ☐ Personal Safety/Monitoring by Telephone
- ☐ Retrofitting Your Home for Disability
- ☐

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Suggestions for future additions to categories on this page:

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Categories applicable to this particular service *continued* (You may select more than one)

SOCIAL NEEDS

- ☐ Communication Technologies
 - ☐ Computer: Tutoring, repair, setup
 - ☐ Telephone/TV: setup, maintenance...
- ☐ Companion Services
- ☐ Education/Enrichment
- ☐ Entertainment
 - ☐ Library Book Delivery
 - ☐ Movie Delivery
- ☐ Online Support
- ☐ Pet Care
- ☐ Spiritual
 - ☐ Home Visits by Faith Based Entities
 - ☐ Transportation to Faith Based Entities
- ☐ Volunteer Opportunities

TRANSPORTATION

- ☐ By Bus
- ☐ By Car
 - ☐ For General Transportation
 - ☐ For Hairdresser
 - ☐ For Medical/Dental
 - ☐ For Shopping
- ☐ By Stretcher
- ☐ By Wheelchair
- ☐ Travel Companions
- ☐ [Bundled sets of services including the above services are available]

If you don't see Categories or subcategories that apply to the service(s) you provide, or if you need additional space for any reason, please use the area below:

This website has subsidized and unsubsidized provider listings.

Would you like to be listed under: *Must select one.

- ☐ Subsidized ☐ Unsubsidized ☐ Both

If you offer Subsidized services, you may list criteria for eligibility below. (Try to phrase as a question for which a "Yes" answer would indicate eligibility. Be as brief and succinct as possible.)

#1

#2

#3

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***YOUR INFORMATION (Very important!** This is your opportunity to explain specifically what service(s) you provide that can help people remain in their homes as they age. You may wish to re-read the instructions and criteria links on the Join Us page of the Aging At Home website.) You have as much space as you need on the electronic form; on paper, use the back of this sheet if necessary.

As the agent for the above-referenced provider, I certify that the above listings are offered in Henderson County, North Carolina, and support aging at home. I further certify that the above-referenced provider is committed to honest dealings, integrity, compassion and kindness. I submit the above information as accurate and true. I understand that Aging Projects, Inc. (API) has final decision on what categories my services are offered under and that bundled services must remain bundled. I understand that the provider listed herein is required by API to review its website listing at least once every six months and to confirm, using the method provided by API, that the listing remains accurate. If the provider fails to do so, the information may be blocked from view until reviewed and confirmed.

Signature

Written signature is required. If submitting this application electronically, please mail this page (Page 6 only) to: Aging Projects, Inc., 724 Fifth Avenue West, Hendersonville, NC 28739; or fax to 828-693-6765.

Date Signed

Printed Name

Title

Mailing Address

City

State

Zip

Phone/Ext.

Email

The information in this box will **not** be published on the website.

How did you learn about the Aging Projects website?

You may fill out this form on your computer screen. • When completed, you may save it to your computer. Pressing *Submit* should bring up a screen to send the form to Aging Projects, Inc. via email. • If you are **unable to use the Submit button**, hover your mouse cursor over the button. Note: Works best in Firefox or Internet Explorer; not Safari.

Note: The Submit button may work if this form is opened in Adobe Reader rather than directly in a browser.

SUBMIT ▶