FILLING OUT AND SUBMITTING THE *AGING PROJECTS WEBSITE PROVIDER APPLICATION FORM*

POLICY:

A correctly filled-out and submitted *Aging Projects Website Provider Application Form* is essential to the process of applying for inclusion on the website.

PROCEDURE:

1. The first step is to complete the *Aging Website Provider Application Form* either in hard copy or electronically. The form may be accessed from the Aging Projects website:
www.agingprojectsinc.org – Join Us button – Application button
First, download the application form to your computer (try File – Save As or Save Page As); then open the downloaded pdf in Adobe Reader or a similar application. You should then be able to fill in the form and see the tool tips (context-sensitive information which "pops up" when you hover your mouse cursor over certain fields in the application).

The information required includes:
   a. PROVIDER NAME: The name of the business or agency offering the service.
   b. PROGRAM NAME: Many nonprofits and some for-profits have separately funded programs. A separate application will be needed for each program. An example would include Council on Aging's "Meals on Wheels" program. "Council on Aging" would be #1 and "Meals on Wheels" would be under this part of the form.
   c. ADDRESS: The mailing address for the provider.
   d. CITY, STATE, ZIP: Self-explanatory
   e. COUNTY: Indicate counties the provider is offering services in.
   f. PHONE: The public phone number the provider wishes published.
   g. FAX: The public fax number the provider wishes published.
   h. WEBSITE ADDRESS: This should be the most specific address for the specific service provided. Sending clients to a general site address of a large nonprofit rather than to the subsection of the site where the service is offered would defeat the purpose of the site.
   i.   CONTACT NAME: This will not be published. It is the person the webmaster contacts if more information or clarification is needed. It does not necessarily have to be the person officially signing the form.
   j. CONTACT PHONE/EXT: How can "i' be reached by phone?
   k. CONTACT EMAIL: How can the person named in "i" be reached by email?
   l. CREDENTIALING/LICENSING AGENCIES: These will be published in the information area for each agency with Internet links to the agencies. The links will be checked for accuracy and clients will be encouraged to use them.
   m. Is the provider a government recognized non-profit? Check if "yes".
   n. CATEGORIES: Your business, agency, or service can be listed multiple areas on the site. For services that are not available as a single, stand-alone service, but are available as part of a bundle, check the "bundled" box and then explain in your "other information" area exactly what is offered.
   o. If you do not see your Categories or Subcategories: We will work with you to help you

decide the best fit for your services within our category structure.

p. This website has subsidized and unsubsidized provider listings. We identify providers of subsidized services to help clients know where there may be additional funding to help them.

q. Subsidized services are ones that have specific criteria that allow clients to access reduced or free services. Nonprofits generally are in this category but they may also offer unsubsidized services and therefore may need to check the "Both" box.

r. For-profit businesses generally do not have subsidized services but may have outside sources of funding at times and therefore may have financial help for clients, in which case they may need to check "Both" also.

s. If you offer subsidized services: If you checked "subsidized" or "both", you have the opportunity to indicate "yes" questions that would send clients to your agency. Stating criteria for subsidies in the form of a question with the answer being "yes" allows clients to know if they may be eligible for funding help. Examples of common questions are: 1. Do you have Medicaid? 2. Were you ever in the Armed Forces? 3. Are you dealing with a dementia or memory diagnosis?
It is not necessary to have questions if you just want to be listed on "Both" sides of the website (subsidized and unsubsidized) and want everyone sent to you for consideration. However, if you do not offer subsidies, do not say that you do.

t. OTHER INFORMATION: A description of the provider and services offered and any other information felt helpful to clients goes here. Remember that though this can be as lengthy as you wish, simplicity is the goal of the website and clients may not read more than two paragraphs.

u. SIGNED BY: An authorized signature for the provider requesting website placement. We need a hard copy signature. In addition to mailing, you may either scan or photograph (e.g., by phone) the last page of the application as long as the signature on page 6 is clearly legible. If you choose to mail, see address in Step #2 below.

v. PRINTED NAME: the above name printed.

w. TITLE: title of the signatory

x.   DATE SIGNED: self-explanatory

y.   PHONE/EXT: how can this person (see "u") be reached? This person does not necessarily have to be the agency's contact person for the site.

z. EMAIL: how can this person (see "u") be reached? This person does not necessarily have to be the agency's contact person for the site.

2. When the form has been completed, save a copy to your computer. The second step is to submit the form to the Aging Projects office in one of two ways:

• Either print out the form, sign the signature page, and mail it to Aging Projects, Inc., P.O. Box 5043, Hendersonville, NC 28792.

• Or, attach your saved copy to an email to info@agingprojectsinc.org. If you submit your application via email you must still provide us with a legible copy of your signature on page 6. See u. above.

For help with the application process, you may email manager@agingprojectsinc.org.
For technical questions or problems, please contact webmaster@agingprojectsinc.org.

REFERENCES & TOOLS: See the *Aging Projects Website Provider Application Form*.

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