
INFORMATION AND ASSISTANCE (I&A) STANDARDS

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APPENDICES

(Use of these documents are not required but are available to assist I&A providers)

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STATEMENT OF PHILOSOPHY AND PURPOSE

I. Statement of Philosophy and Purpose

Information and Assistance is a service designed to link persons with resources available to meet their needs and/or interests. It is also intended to be a mechanism to collect information about unmet needs and specific needed services in the geographic area and to share it with appropriate planners and decision makers.

LEGAL BASE

II. Legal Base

Older Americans Act of 1965 as Amended: 42 U.S.C. 3001.

[Public Law 100-175, Section 306. (a)(2)(A) and (a)(4); Section 307. (a)(9)]

306. (a) Each area agency on aging...shall prepare and develop an area plan for a planning and service area... Each plan shall—

(2) provide assurances that an adequate proportion...of the amount allotted for part B to the planning and service area will be expended for each of the following categories of services—

(A) Services associated with access to services (transportation, outreach, information and assistance, and case management services);

(4) Provide for the establishment and maintenance of information and assistance services in sufficient numbers to assure that all older individuals within the planning and services area...will have reasonably convenient access to such services, with particular emphasis on linking services available to isolated older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of individuals with such disease or disorders);

307. (a)...each state...shall submit to the Commissioner a State plan... Each such plan shall comply with all the following requirements:

(9) The plan shall provide for establishing and maintaining information and assistance services in sufficient numbers to assure that all older adults in the State who are not furnished adequate information and assistance services under Section 306 (a) (4) will have reasonably convenient access to such services.

NC G.S. 143B-181.1 (a) (3): To stimulate, inform, educate, and assist local organizations, the community at large, and older people themselves about aging, including needs, resources and opportunities for the aging, and about the role they can play in improving conditions for the aging.

NC G.S. 143B-181.1 (a) (11): To administer a Home and Community Care Block Grant for older adults...for home and community care services...

NC G.S. 143B-181.1 (c): The Secretary of Health and Human Services shall adopt rules to implement this Part and Title 42, Chapter 35, of the United States Code, entitled Programs for Older Americans.

The above referenced legal bases also give the Division of Aging the authority to establish broad procedures that address the administration of aging services. These are covered in the **North Carolina Home and Community Care Block Grant Procedures Manual for Community Service Providers**. This document should be used routinely by providers in administering their programs for topics such as: Confidentiality Policies and Procedures, Applicant/Client Appeals, Reporting Requirements, Reimbursement Procedures, etc.

DEFINITION OF THE SERVICE

III. Definition of the Service

A. Federal or State Statutory Requirement

[OAA, Sec. 102 (Definitions), (29)]

The term "information and assistance service" means a service for older individuals that—

- (A) provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology
- (B) assesses the problems and capacities of the individuals
- (C) links the individuals to the opportunities and services that are available
- (D) to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and
- (E) serves the entire community of older individuals, particularly—
 - (i) older individuals with greatest social need; and
 - (ii) older individuals with greatest economic need.

B. Federal Regulation or State APA Rule

NCAC 22L .0101 Definitions and Scope of Information and Assistance

(A) SCOPE

Information and Assistance is identified as a critical service which assists older adults, their families and others acting on behalf of older adults, in their efforts to acquire information about programs and services and to obtain appropriate services to meet their needs.

(B) DEFINITIONS

The following definitions shall apply throughout this section:

- (1) "Agency" is any agency who receives Home and Community Care Block Grant Funds for the provision of Information and Assistance Services.
- (2) "Information" includes informing people about programs and services, identifying the types of assistance they need and connecting them to appropriate service providers.
- (3) "Assistance" is a more intensive service for those persons who require additional help with negotiating the service delivery system. Assistance includes the provision of planning, referral, coordination of services, follow-up and advocacy activities on behalf of the older adult or their family, or both, in an effort to ensure that needed assistance is received and that the assistance provided meets identified needs. Assistance may also include a home visit to more clearly identify a client's needs for the purpose of initiating the development of a care plan.

C. Division of Aging Administrative Requirement

(none)

D. Practice Guidance (or Guidelines)

By including "Information" and "Assistance" in the same service, the definition says that both components must be made available by the agency in order to be funded

DEFINITION OF THE SERVICE

for the service. Other agencies, which provide the service more informally, will be more effective if they also have the capacity to do both.

The dividing line between “Information” and “Assistance” may not be immediately obvious. The agency may initially provide “Information” and only realize from call backs that the person also needed “Assistance”. The service is meant to have this kind of flexibility. However, the expectation is that the agency staff receiving the contact should probe, to the extent the client allows, to make sure his needs have been fully addressed. The intake tools in [Appendix 2](#) and/or the SOS Screening tool in [Appendix 3-A](#) can provide prompts for this conversation.

- E. Suggestions for Excellence (or QI)
(none)

CLIENT ELIGIBILITY

IV. Client Eligibility

A. Federal or State Statutory Requirement

[OAA, Sec. 102 (Definitions), (35)]

The term "older individual" means a person who is 60 years of age or older.

B. Federal Regulation or State APA Rule

NCAC 22L .0201 Eligibility for Information and Assistance

Those eligible for Information and Assistance services are persons 60 years of age and older or persons acting on behalf of persons age 60 and older and who are in need of information or services.

C. Division of Aging Administrative Requirement

(none)

D. Practice Guidance (or Guidelines)

Often the provider of Information and Assistance has no way of knowing the age of the person needing help unless and until full documentation is pursued. Providers do not need to learn the person's age until it becomes relevant for the longer term services or opportunities he/she is looking for. However, obtaining age (and income) information is often critical to making a good referral. If the person is under 60, he should be given the needed information and be referred (including assistance with referral) to the agency or organization that can provide additional service. He/she should also be informed if age is a criteria in receiving any of the services he/she is interested in receiving in order to avoid inappropriate referrals.

E. Suggestions for Excellence (or QI)

(none)

SERVICE PROVISION

V. Service Provision

A. Federal or State Statutory Requirement

(none)

B. Federal Regulation or State APA Rule

NCAC 22L .0102 Service Provision

Any agency offering Information and Assistance shall have the capacity and capability to provide all of the following functions:

- (1) Assess/Evaluate: Determine the immediate problem or concern of the individual; probe for other problems or concerns.
- (2) Inform: Provide individuals with information related to the assessed problems or concerns on services and opportunities available within the community.
- (3) Refer: Link the individual with the service or provide information on how to access or connect with available services.
- (4) Research: Locate information requested, but not immediately available, relevant to meeting the individual's needs.
- (5) Plan: Assist individual in identifying the desired outcome(s) and method(s) for obtaining what the individuals needs.
- (6) Coordinate: Directly connect the individual to the service desired; monitor on a short-term basis the person's success in making the connection to needed services.
- (7) Follow-up: Re-contact the individual or service provider to determine the outcome of the situation and provide additional services if requested.
- (8) Advocate: Intervene on behalf of an individual or a group of individuals in an effort to obtain a positive change in the availability or delivery of one or more essential services.

C. Division of Aging Administrative Requirement

(none)

D. Practice Guidance (or Guidelines)

1. Providing Information

Information requested can range from specific information about a service to a broad interest in the types of service or recreational opportunities that exist in the area. Requests can be focused on a specific family member, neighbor or friend or be a general concern about elders in the community. The provider should be flexible in receiving the request and be able to think both broadly and specifically in responding to it.

Responses to requests can range from limited information (such as an organization's name, address and phone number) to detailed data about the community service system (such as explaining how the intake system works for a particular agency, or the specific eligibility requirements for a service).

Many callers or visitors requesting information are quite capable of following through and securing desired services on their own. In working with these clients, the primary responsibilities of the provider staff include:

- a. Listening to and sorting out brief or uncomplicated requests.
- b. Using resources to overcome communication barriers (physical, language, cultural).

SERVICE PROVISION

- c. Discretely probing to find out if the inquirer has stated his/her information needs completely. This could include exploring the problem or need he/she is experiencing. See [Appendix 2](#) for sample Intake tools.
- d. Identifying and referring more complicated or longer term requests/needs to staff skilled in Assistance.
- e. Giving accurate and pertinent information to meet these needs; using the resource file effectively.
- f. Offering to make referrals, if assistance is needed (transition to Assistance).
- g. Encouraging the inquirer to call back if the information proves incorrect, inappropriate, or insufficient to link with the needed services.
- h. Maintaining confidentiality of persons requesting information.
- i. Collecting and documenting information needed for the Information Log; tabulating statistical information from the Log. See [Appendix 1](#) for sample Information Log.

2. Providing Assistance

Some callers or visitors need more help than just Information, as described above. These situations generally require more time and skill than straight information requests. In agencies where there is a division of responsibilities, these requests would be handled by or referred to a person with the appropriate skills. In agencies where this is not possible, assigned staff need to be prepared to do both. Examples of these responsibilities include all of those listed for Information, plus:

- a. Conducting more in-depth assessments of difficult or multiple problems or longer term needs; sorting out problems.
- b. Researching requests for information not immediately available.
- c. Connecting with other persons or service providers to gain insight into the situation (with the permission of the caller/client).
- d. Collecting and documenting information about the inquirers and their problems, plus information necessary to get the needed/desired service. See [Appendix 3-A](#) for SOS Screening tool.
- e. Providing appropriate options for the resolution of problems.
- f. Developing mutually agreed upon plans with the person(s) involved. See [Appendix 3-C](#) for sample Plan forms.
- g. Assisting persons in approaching or connecting with resources, as necessary.
- h. Providing direct assistance in referring or connecting to other service providers for agreed upon options. See [Appendix 3-B](#) for sample Consent forms.
- i. Maintaining confidential, accurate and up to date client records. See all sample tools in [Appendix 3](#).
- j. Following up with the caller or service provider to make sure the appropriate connections have been made; making additional efforts to obtain services when first efforts have not worked out. See [Appendix 3-D](#) for sample Contact/Activity Sheet.

Staff should also recognize when the needs of the client/family have gone beyond the intent and capacity of the I & A service. If the client/family are capable of pursuing their own resources, they should be empowered with information and encouragement to do so. When the identified needs indicate the provision of a

SERVICE PROVISION

specific or primary service, the case should be transferred to that service program (either within the same agency or to another community agency) as quickly as possible. If the client needs long term coordination of services, the case should be transferred to Care Management (or a similar service). If the client's needs cannot be met with existing community resources, he/she should be informed, and I & A terminated (with the client given the option to re-contact for other needs). See sample Case Closure/Discharge tool in [Appendix 3-E](#).

3. Advocacy

All advocacy efforts should include, to the extent possible, the involvement of those individuals and/or groups concerned with the need or issue. The first effort should be to empower persons to intervene on their own behalf.

Individual advocacy includes intervention on behalf of persons or families when they cannot represent themselves effectively in order to assist in: establishing eligibility for service, obtaining a needed service, or retaining a needed service when problems have arisen.

Group advocacy includes actions on behalf of a group of persons to seek a change in the availability of certain essential services or in the method of delivery of these services. It can also include encouragement to agencies or others when the services they offer or their interactions with clients have been received positively.

E. Suggestions for Excellence (or QI)

1. Conduct assessments in the home setting, as needed, to understand the situation and offer assistance acceptable to client/family.
2. Identify community resources (and develop linkages with them) to do follow-up on complex situations.
3. Provide services similar to Information and Assistance under a variety of funding arrangements to meet the special needs of the community. See [Appendix 4](#) for sample of a Targeted Information and Assistance Service.
4. Develop and implement follow-up procedures.
5. Conduct a client satisfaction or quality improvement survey annually (or as needed), allowing consumers to define quality for the I and A service. See [Appendix 5](#) for sample of a Client Satisfaction survey tool.
6. Routinely ask clients to call I & A back to report their level of satisfaction with referrals or other information.
7. Measure the quality of information provided. For example, do follow-up calls with a sample of callers asking about:
 - a. appropriateness of referrals
 - b. promptness of receipt of information
 - c. currency and accurateness of information
 - d. whether expectations for the service were met.
8. Become aware of resources for disabled adults and coordinate information with these organizations.
9. Coordinate with service providers to use standardized tools (e.g., assessment), forms, and computer programs to make information easily transferable.
10. Develop a complaint procedure for unsatisfied callers/clients.
11. Routinely convey positive reports of service provision received by I & A clients to providers (as a part of advocacy).

12. Make staff and the community aware of current issues, concerns and events that would affect older adults.

RESOURCE FILE DEVELOPMENT AND MAINTENANCE

VI. Resource File Development and Maintenance

A. *Federal or State Statutory Requirement*
(none)

B. *Federal Regulation or State APA Rule*
NCAC 22L .0202 Resource File

The agency providing Information and Assistance shall develop, maintain, and use an accurate, up-to-date resource file that contains information on available community resources. The Information and Assistance provider shall update the resource file annually.

- (1) A profile shall be developed on each service organization and agency that shall include, but is not limited to: the legal name, common name, or acronym; address; telephone number; hours and days of service; services provided; area served; branch offices; known barriers to accessibility and restrictions on facility use.
- (2) The resource file shall be accessible to all staff providing Information and Assistance.

C. *Division of Aging Administrative Requirement*
(none)

D. Practice Guidance (or Guidelines)

At a minimum, the organization profile can be set up on index cards or in a notebook alphabetized by agency name or service.

The Resource File should be set up to accept more types of information than required in the profile, such as the following fields:

- Directions to physical location
- E-mail address
- FAX number
- Eligibility requirements
- Intake procedure
- Cost of service(s)
- Funding used or accepted
- Acceptable payment
- Contact person
- Web address

Information and Assistance providers are encouraged to acquire and use automated systems available to them that will assist them in developing, maintaining and using a resource file. A provider may contact the AAA or DOA for current information on computerized systems.

E. Suggestions for Excellence (or QI)

1. Information and Assistance agencies should use a computer software system to maintain the resource file with:
 - Keyword and taxonomy search capabilities
 - All items in Program Guidance included in the system

RESOURCE FILE DEVELOPMENT AND MAINTENANCE

- Capability of being updated on a continuing basis.
2. All staff responding to Information and Assistance should have Internet and e-mail easily available to help serve clients using this mode of communication.
 3. The Information and Assistance service and/or its provider agencies should put resource data on a Web page and keep it updated for others to use.
 4. Communicate new information to colleagues on a regular basis.
 5. If the agency has the resources, set up a computerized data base that is searchable by service, keyword, taxonomy or any categories desired. For computerized databases, data backups should be made on a regular basis to maintain data integrity.
 6. Develop and carry out a method for assuring the quality of the information in the data base. Measurements could address:
 - currency
 - completeness
 - comprehensiveness

COMMUNITY RELATIONS; COORDINATION OF SERVICES

VII. Community Relations; Coordination of Services

A. Federal or State Statutory Requirement

(none)

B. Federal Regulation or State APA Rule

(none)

C. Division of Aging Administrative Requirement

1. Cooperative working relationships with key service provider agencies serving older adults must be established and maintained.
2. Activities on behalf of clients must show efforts to coordinate services with provider agencies.

D. Practice Guidance (or Guidelines)

Information and Assistance staff needs to initiate interactions with key community service providers to older adults in order to become thoroughly familiar with their services and to let the providers know how Information and Assistance can assist them and their clients. These cooperative relationships should be reflected in successful service provision to Information and Assistance clients.

Practice in this area can vary significantly depending on whether the provider is serving a metropolitan or rural or mixed area. The larger and more complex the area, the more formal the arrangements and relationships become. Having key informal and workable personal linkages between agencies is critical to any system.

It is also important to establish and maintain formal and informal cooperative arrangements with other information and referral (I & R) service providers at the local, area and state level to improve service delivery and minimize duplication. Information and Assistance staff are encouraged to initiate meetings or less formal interactions with all other agencies or organizations that provide I & R or I & A in order to:

1. sort out primary target populations each serves
2. identify areas of strength and expertise
3. identify areas where cross referrals are needed to deal with specific situations
4. develop technical and personal strategies for information sharing re: resources.

E. Suggestions for Excellence (or QI)

1. Staff visitation to provider agencies.
2. In-service sessions with community providers on a regular basis.
3. Participation in community networking opportunities (health fairs, information fairs, focus groups, etc.).
4. Information sharing or work sessions with providers interested in aging issues.
5. Initiation of joint activities to expand existing services or advocate for new services on behalf of clients.
6. Initiation of written interagency working agreements with service providers or other I & A agencies which define:
 - a. Responsibilities of each party
 - b. How content of the agreement will be communicated at all levels of agencies
 - c. Method for evaluating the effectiveness of the agreement
 - d. Annual review /modification of the agreement.

SERVICE PROMOTION

VIII. Service Promotion

A. *Federal or State Statutory Requirement*
(none)

B. *Federal Regulation or State APA Rule*
(none)

C. *Division of Aging Administrative Requirement*

1. The agency must promote its I&A services to individuals, service providers, community groups, employers and public officials so that each will know its capabilities and how to use them appropriately for self or others.
2. The agency must use a variety of information dissemination and publicity techniques to inform appropriate service provider agencies, planners and decision makers regarding identified community service needs as frequently and regularly as resources will permit, but at least annually.

D. Practice Guidance (or Guidelines)

An agency should consider offering and publicizing a variety of methods for accessing the service, such as:

1. Availability by telephone, with the number listed in all appropriate directories and publications
2. Walk-in consultation, also advertised appropriately
3. Developing a Resource Directory (or making an existing one available) to community professionals, families and seniors
4. Internet/e-mail connection so that individual consumer questions can be handled directly
5. Intermittent, scheduled and advertised community meetings/forums to provide basic information, to respond to questions, and to make the Information and Assistance system as accessible as possible.

E. Suggestions for Excellence (or QI)

1. Use staff to distribute appropriate aging literature and service information at appropriate sites; to make presentations for community groups or for other providers
2. Develop a Speakers' Bureau on aging issues and services and coordinate community requests for resource persons
3. Internet web site, with answers to frequently asked questions available; or automated resource directory

SERVICE DOCUMENTATION

IX. Service Documentation

A. *Federal or State Statutory Requirement*
(none)

B. *Federal Regulation or State APA Rule*
NCAC 22L .0204 Documentation

- (a) Each agency providing Information and Assistance shall maintain a daily log or tracking system indicating contacts made during the course of the day.
- (b) For those persons who receive Information and Assistance, as defined in 10 NCAC 22L. 0101, the log shall include the date, nature of the concern and action taken.
- (c) For those persons who receive Assistance, as defined in 10 NCAC 22L .0101, a client record or file shall be maintained by the agency and shall include: client identification information; identification of client needs; a client plan showing anticipated outcomes and methods to be used and action taken or agencies to whom the client was referred and dates; necessary coordination of services; and follow-up contacts made to or on behalf of the client and the dates.
- (d) The provider agency shall have written procedures in place to keep client information confidential. (Refer to the **NC Home and Community Care Block Grant Procedures Manual for Community Service Providers, Section 6, Confidentiality Policies and Procedures.**)

C. *Division of Aging Administrative Requirement*
(none)

D. Practice Guidance (or Guidelines)

1. Documenting Information

Most information contacts are brief; the clients' needs can be immediately satisfied and the required data entered on the log. However the provider agency may wish to document and maintain more information than that entered on the log, if the agency will potentially need it later (e.g., if a follow-up contact will be made with the caller or the agency anticipates further requests from this person). [Appendix 1](#) provides an example for keeping basic log data. The tools in [Appendix 2](#) can be used to record more extensive intake data.

2. Documenting Assistance

Clients needing Assistance usually share more information and often need follow-up contacts. Therefore, it makes sense, both in serving the client and in tracking community service needs, to keep more complete information. The agency may choose to use already developed screening tools, such as the SOS tool in [Appendix 3-A](#); or the agency may develop its own instrument(s) to capture the required data and other desired information. The client planning tools in [Appendix 3-C](#) and the Contact/Activity Sheet in [Appendix 3-D](#) are also useful for documentation, as is the Case Closure/Discharge Form in [Appendix 3-E](#).

SERVICE DOCUMENTATION

- E. Suggestions for Excellence (or QI)
1. The provider has developed and carried out a system for tallying the type and number of service requests made (met and unmet). Types of information gathered may include:
 - a. caller categories (caregiver, senior, professional, agency)
 - b. type or basis of request
 - c. whether need met or not.

 2. The Information and Assistance agency routinely reviews and evaluates:
 - a. the services/opportunities available in the community
 - b. client needs in comparison to services/opportunities
 - d. service utilization.

 3. The Information and Assistance agency develops and distributes reports to local and other appropriate decision makers on:
 - a. services/opportunities currently available
 - b. potential service needs
 - c. service usage
 - a. unmet needs.

REPORTING AND REIMBURSEMENT

X. Reporting and Reimbursement

A. *Federal or State Statutory Requirement*
(none)

B. *Federal Regulation or State APA Rule*
(none)

C. *Division of Aging Administrative Requirement*

1. Providers of Information and Assistance funded through the Division of Aging must maintain a daily log of client contacts and report these to the Division of Aging.

D. Practice Guidance (or Guidelines)

1. Definition of I&A Contact

Information and Assistance contacts refer to individuals, one-on-one contacts between a service provider and an elderly client or someone on their behalf. An activity that involves a contact with several elderly clients or potential clients (group activities) should not be counted as a contact of Information and Assistance. Hang up calls, wrong numbers, follow-up calls, and calls made to other agencies should not be counted as a "contact" for reporting purposes.

2. Reporting

Since reimbursement for Information and Assistance is not unit based, it is not necessary to use the Client Registration (DOA 101) Form for reporting this service. At the end of the month the provider will total the number of duplicated client contacts from the log (see sample in [Appendix 1](#)) and enter them into the ARMS System (see ARMS reporting instructions).

The ARMS system will apply a statewide percentage figure to estimate the number of unduplicated clients. Turnaround reports from DOA will reflect both the total number of contacts and the total estimated unduplicated clients, by month and fiscal year.

This reporting system will be used for all Information and Assistance clients, even though more extensive or client specific information may be documented locally, especially for clients needing Assistance.

2. Reimbursement

If a provider agency receives DOA funding for this service, the amount needed to operate will be negotiated prior to the beginning of the fiscal year and contracted to the provider. A provider may use reported client/contact data from previous years (or projected contacts, if a new service) to help to justify the amount needed to operate the service.

E. Suggestions for Excellence (or QI)
(none)

STAFF COMPETENCE AND SUPERVISION

XI. Staff Competence and Supervision

A. *Federal or State Statutory Requirement*
(none)

B. *Federal Regulation or State APA Rule*
NCAC 22L .0203 Staff Competence

The agency providing Information and Assistance shall make orientation and training available to paid and volunteer staff.

(1) Staff shall participate in an orientation program which, at a minimum, reviews the role, purpose, and function of Information and Assistance; the role of the agency; and the administrative structure and policies for providing the service.

(2) Agencies shall also provide education and to enable staff to perform the functions defined in 10 NCAC 22L. 0102. At a minimum, this shall include the development of interviewing techniques and communication skills.

C. *Division of Aging Administrative Requirement*

1. The provider must have the full-time, part-time and/or volunteer staff to provide Information and Assistance promptly and completely.

2. The provider agency must have office space, phone and record keeping/reporting systems to support provision of the service.

3. Staff providing the service shall receive at least 12 annual training hours that focus on acquiring knowledge or building skills related to any aspect of the service. See [Appendix 6](#) for some training options.

4. Staff, whether paid or volunteer, shall receive comparable training and supervision and have the same degree of competence, based on the tasks assigned and performed. See [Appendix 7](#) for sample Supervisor's Case Record Review tool.

D. *Practice Guidance (or Guidelines)*

Orientation to the service and basic skills should be provided by agency staff (or other appropriate resources when the service is new to the agency). Additional in-service and on-the job training may be provided by experienced agency staff, agency staff with similar skills, by appropriate community college or other academic programs, or the service system, including the NC Division of Aging. Types of training appropriate for Information and Assistance staff include, but are not limited to:

1. Interviewing techniques and listening skills
2. Proper phone usage
3. Short term assessment skills
4. Information giving and referral procedures
5. Setting up and maintaining resource files
6. Techniques for handling crisis calls
7. Techniques for dealing positively with demanding callers
8. Internal operating procedures
9. Orientation to the community service system
10. Overview of specific community services, especially those geared to older adults
11. Appropriate data collection and documentation for I and A
12. Utilizing computer systems for the resource file and documentation

STAFF COMPETENCE AND SUPERVISION

- E. Suggestions for Excellence (or QI)
 - 1. The agency documents the completion of above training requirements for all staff persons providing Information and Assistance.
 - 2. Staff are certified by the National Alliance of I and R Specialists. See Appendix 8 for certification reference.

VOLUNTARY CONTRIBUTIONS

XII. Voluntary Contributions

A. *Federal or State Statutory Requirement*
(none)

B. *Federal Regulation or State APA Rule*

Federal Register, Vol. 53, No. 169, 8-31-88, Rules and Regulations,
1321.67 Service Contributions

For services rendered with funding under the Older Americans Act, The Area Agency on Aging shall assure that each service provider shall:

1. Provide each older person with an opportunity to voluntarily contribute to the cost of the service;
2. Protect the privacy of each older person with respect to his or her contributions; and
3. Establish appropriate procedures to safeguard and account for all contributions.

C. *Division of Aging Administrative Requirement*

(This service is not subject to Service Cost Sharing Policies.)

D. Practice Guidance (or Guidelines)

It can be difficult to inform the community that it takes resources to provide a short-term service like Information and Assistance, and that they can contribute financially or in-kind to its effectiveness. However, individuals receiving the service and the community at large need to be given the opportunity to contribute. See [Appendix 9](#) for a sample letter (to clients requesting written information) with an invitation to contribute.

E. Suggestions for Excellence (or QI)

1. Public solicitation of funds for the I & A program.
 - a. City bus cards
 - b. Public service announcements
 - c. Requests to larger businesses/industries
2. Grant applications to develop or expand the program.

APPENDICES

- | | | |
|----|---|------------|
| 1. | Information Log | Appendix 1 |
| 2. | Information Documentation: Sample Tools
A. Intake Form and Progress Notes
B. Adult Services Intake/Inquiry Information and Face Sheet | Appendix 2 |
| 3. | Assistance Documentation: Sample Tools
A. Service and Service Outcome Screen (SOS)
B. Consent Forms
1) General Release of Information Form
2) Specific Release of Information Form
C. Plan Forms
1) Client Care Plan
2) Assistance Plan
D. Contact/Activity Sheet
E. Case Closure/Discharge Form | Appendix 3 |
| 4. | Targeted Information and Assistance
A. Corporate Consultation and Referral Service | Appendix 4 |
| 5. | Client Satisfaction Tool
A. Quality Assessment Survey | Appendix 5 |
| 6. | Training Resources for I & A Staff | Appendix 6 |
| 7. | Case Record Review Tool for Supervisors | Appendix 7 |
| 8. | Certification of I & A Staff | Appendix 8 |
| 9. | Tools for Soliciting Voluntary Contributions | Appendix 9 |

INTAKE FORM

Intake Date _____ Time _____

PROBLEM STATED

Caller's Name _____ Relationship _____
Referral Source _____ Phone _____
Address _____

PERSON REFERRED:

Name _____ Marital Status _____
Address _____ Spouse Name _____
DOB or Age _____
Phone # _____ Social Security Number _____

Living Arrangement: Alone With Spouse Family Friends LTC facility

Income Source: Employed at _____ Retired Unemployed
 Pension _____ (amount) Other Assets _____
 SS _____ (amount) Disability _____ (amount)
Income: Single _____ Combined _____
 Does Not Know Income

Health Insurance: Medicare _____ Supplementary Insurance _____
 Private Insurance _____
 Medicaid _____
 Long Term Care Insurance _____
 None _____

Health Status:

Does Not Need 24 Hour Care Can Function Independently if Alone

Physician _____ Phone _____

Current Agencies/Services _____

ACTION TAKEN General Information Only Options Discussed/Referrals Made To: _____

Call Back Required Assistance Required No Further Assistance Required
 Caller Informed That the Information Provided Is Not the Recommendation of This Agency
Employee Signature _____ Completion Date _____

Adult Services Intake/Inquiry Information

Client's Name _____ Date _____

If Assigned: Case # _____ ID # _____

Date of Birth _____ Social Security Number _____

Type of Contact

Persons other than client involved in initial referral/contact:

(check all that apply)

- Office Visit
- Phone Call
- Home Intake
- Other: _____

- Family member (s) _____
- Neighbor(s)/Friend(s) _____
- Physician _____
- Agency _____
- Facility _____
- Other _____

Client's level of involvement in referral/contact:

- Client was present and participating
- Client was not present, but desires referral/contact
- Client not present, but aware of referral/contact
- Client was present but did not participate (explain) _____
- Client unaware of contact (explain) _____
- Uncertain (e.g. telephone contact) _____

Presenting Problem(s): _____

Additional history (duration/efforts/outcomes): _____

Expectation of person(s) at intake interview, including services requested:

Urgent? Yes No

Preliminary Information in Functional Domains

Social: _____

Environmental: _____

Mental Health: _____

Physical Health: _____

ADL/IADL: _____

Economic: _____

DISPOSITION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Opened case/accepted referral (specify)
_____ | <input type="checkbox"/> Application for emergency financial assistance |
| <input type="checkbox"/> Wrote/phoned referral to other agency (specify)
_____ | <input type="checkbox"/> Application for senior nutrition/home-delivered meals |
| <input type="checkbox"/> Advised of food stamp program | <input type="checkbox"/> Family planning information |
| <input type="checkbox"/> Advised of Medicaid application procedure | <input type="checkbox"/> Explained other DSS services (specify)
_____ |
| <input type="checkbox"/> FL-2 given | <input type="checkbox"/> Bus ticket provided |
| <input type="checkbox"/> Application for eye exam | <input type="checkbox"/> Closed/handled intake |
| <input type="checkbox"/> Application for transportation | <input type="checkbox"/> Unable to assist client (reason) _____ |
| <input type="checkbox"/> Application for fuel assistance | _____ |
| <input type="checkbox"/> Other: _____ | _____ |

Did anything during the initial interview suggest that the client may live in an environment dangerous to the social worker visiting? (Check all that apply and explain below.) Be sure to note changes in the directions to home section of the face sheet.

- | | | |
|---|---|--|
| <input type="checkbox"/> Dangerous neighborhood | <input type="checkbox"/> Guns/weapons in home | <input type="checkbox"/> Drug use/transactions in home |
| <input type="checkbox"/> Violence in home | <input type="checkbox"/> Biting dog or other dangerous pets | |
| <input type="checkbox"/> Other: _____ | | |

Describe (include source of information and impression of the seriousness of the danger):

Additional comments (if needed): _____

Intake social worker's signature: _____

Duke Long Term Care Resources Program
The Service and Service Outcome Screen
DUKE SOS PROFILE

(page numbers refer to the 1st edition SOS User Manual)

In using the SOS Profile, it is helpful, especially for new users, to reference the **SOS User Manual**, which is available through the North Carolina Division of Aging (Heather Burkhardt, Heather.burkhardt@ncmail.net, 919-733-8400)

The Service and Service Outcome Screen

DUKE SOS PROFILE

(page numbers refer to the 1st edition SOS User Manual)

Client's Name: _____

	Last			First		MI		Agency Use	
Problem Summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(p. 31 & 52) Health Cog/MH IADL ADL Help S. Support Housing Income Agency Referred **URGENT**

1. **Basic Information** (p.6 & 31) From: Self Other

a. Client Phone _____	j. Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
b. Street Address _____	k. Racial/Ethnic Identity
c. City/Township _____	<input type="checkbox"/> White <input type="checkbox"/> African Amer. <input type="checkbox"/> Amer. Indian
d. County _____	<input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____
e. Zip Code _____	l. Mention of Unmet Skilled Need <input type="checkbox"/> Yes <input type="checkbox"/> No
f. Date of Birth _____	(e.g. help with oxygen /sterile dressing
g. Mother's Maiden Name _____	electronic equipment /I.V. / monitoring)
h. Soc. Sec. Number _____	Comment _____
i. Client Needs/Preferences for Services	<input type="checkbox"/> Appropriate for agency
_____	<input type="checkbox"/> Perhaps appropriate for agency
_____	<input type="checkbox"/> Not appropriate for agency
Eligible for veteran's benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, VA Claim # _____

2. **Emergency Contact?** (p. 11, 36)

Contact _____	Doctor _____
Phone: Days _____ Nights _____	Phone _____

3. **Complete ONLY IF CALLER IS OTHER THAN CLIENT** (p. 12)

a. Caller's Name _____	d. Reason not to call client _____
b. Caller's Phone _____	e. Caller sees situation as URGENT : <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Relation to Client _____	

Problem

4. **Health Perceptions and Services** (p. 14 & 36)

a. Diagnosed or Perceived Health Problems

b. Would you say in general your/his/her health is:

Excellent Very Good Good Fair Poor

c. How much bodily pain during past month?:

None Very Mild Mild Moderate Severe

d. Hospital (past year) Yes No

e. Doctor's care (past month) Yes No

f. Nurse in home (past month) Yes No

g. Service agency involvement (past yr.) Yes No

h. If YES, agency(ies)? _____

Problem

5. **Cognitive/Mental Health** (p. 16 & 38)

Sense of Well-Being

How much time in the past month?

a. Nervous All Some None

b. Sad/nothing cheers All Some None

c. "In touch" If client answered Section 1, were answers a. through h.:

Appropriate

Questionably Appropriate

Clearly Inappropriate

In section 3, was reason not to call client given as confusion, Alzheimer's Disease, dementia or related disorders?

Yes No

Problem

Client's Name _____
 Last First MI

Functional Activities

6. IADL (p. 17 & 41)

	Able To	Has Help	Enough Help
a. Use transport	y n	y n	y n
b. Use phone	y n	y n	y n
c. Take medicine	y n	y n	y n
d. Manage money	y n	y n	y n
e. Do shopping	y n	y n	y n
f. Do housework	y n	y n	y n
g. Do laundry	y n	y n	y n
h. Prepare meals	y n	y n	y n

Count the "no's" in the "able to" column **Problem**

9. Social Support (p. 24 & 48)

a. Client lives alone Yes No

b. If NO, with whom? _____

c. If YES, is client in regular contact with anyone other than caregivers (listed in Section 8)? Yes No

Contact's name _____

Relationship _____

Phone number (if known) _____

Problem

7. ADL (p. 20 & 44)

a. Bath	y n	y n	y n
b. Dress	y n	y n	y n
c. Walk inside	y n	y n	y n
d. Transfer in/out bed	y n	y n	y n
e. Use bathroom	y n	y n	y n
f. Eat	y n	y n	y n

Count the "no's" in the "able to" column **Problem**

10. Housing (p. 25 & 49)

a. Indoor plumbing Yes No

b. Heating okay Yes No

c. Cooling okay Yes No

Is toilet convenient:

d. To bedroom Yes No

e. To living quarters Yes No

Problem

8. Help with ADL/IADL (p. 23 & 47)

a. Name of Caregiver _____

b. Phone Number _____

c. Relation to Client _____

d. Hrs/week _____ e. Help: Paid Unpaid

f. **Other Helpers** _____

g. Relation to Client _____

h. Hrs/week _____ i. Help: Paid Unpaid

Problem

11. Income (p. 25 & 49)

a. Gets SSI check Yes No

b. Enough to pay for needs and extras Yes No

c. Estimated monthly income \$ _____

d. Possible self-pay Yes No

e. Receives Medicaid (blue card) Yes No

Problem

P R Directions to Home _____

O _____

B Referred to _____ Date _____

L Completed by: _____

E **URGENT** **Agency** Assigned to: _____ Date: _____

M **Follow-up** (p. 26 & 50)

General Release of Information Form

I _____ give the _____
(client name) (agency name)
permission to share information about my care or circumstances with the agency (s) listed below.

1. _____

Purpose: _____

2. _____

Purpose: _____

3. _____

Purpose: _____

4. _____

Purpose: _____

5. _____

Purpose: _____

I understand that this consent is valid for one year and can be revoked by my caregiver or myself at anytime.

Client Signature

Date

Case Manager's Signature

Date

SPECIFIC RELEASE OF INFORMATION FORM

Client: _____ SS # _____ Date of Birth: _____

- I understand that confidential information will be released to other agencies involved in my care and will be handled in the appropriate manner of confidentiality.
- I hereby authorize _____ to release or obtain specified information about myself to/from the following persons/agencies:

	Name	Nature of Information
___ Health Care Provider(s)	_____	_____
___ Family/Caregiver	_____	_____
___ County Human Services	_____	_____
___ Mental Health Worker	_____	_____
___ Pharmacy	_____	_____
___ In-Home Aide Agency	_____	_____
___ Adult Day Center	_____	_____
___ Other	_____	_____

Additional Information: _____

Any exclusion to the above statement: _____

OR _____
Client's Signature Client's Power of Attorney or Responsible Party

Date: _____ Witness _____

This release is effective through _____ (One year maximum)

This consent may be revoked at any time by a request in writing from the client or responsible party

CLIENT PLAN

CLIENT'S NAME _____ **DATE COMPLETED** _____

GOAL	SERVICE NEEDED	FREQUENCY & DURATION OF SERVICE	PROVIDER AGENCY

The Case Manager has discussed this care plan with me. I agree to the goals stated and the services needed to achieve these goals. I give my permission to the _____ to release information about my situation to the agencies listed. The consent is subject to revocation at any time. The consent is valid for one year. I understand my case will be closed when the goals of the care plan have been met or when I am no longer eligible for Case Management services. My client rights have been discussed with me and a copy has been given to me.

CLIENT _____

DATE _____

CASE MANAGER _____

Review Dates _____

FAMILY MEMBER _____

ASSISTANCE PLAN

CLIENT NAME: _____

Services will be discontinued when the goals listed below have been satisfactorily met and/or the Case Manager and client determine that termination is appropriate. If services are continued, goals will be revised as needed.

PROBLEM/NEED	OUTCOME ORIENTED GOALS	SERVICES/SUPPORTS	PROGRESS NOTES

SIGNATURE OF CLIENT _____ SIGNATURE OF STAFF PERSON _____

DATE _____

ORIGINAL: FILE

COPY: CLIENT

TARGETED INFORMATION AND ASSISTANCE

Some Information and Assistance programs offer specialized services which are subsidized by contracting companies for their employees. The following is an example.

Corporate Consultation and Referral Service

Elder Care Choices is a comprehensive consultation and referral service on elder care needs for more than 24,000 employees in Forsyth County. The service, which was one of the first of its kind to provide information exclusively for employees of contracting companies, is now in its fourth year of operation. Senior Services, Inc., a private non-profit agency in Winston-Salem, manages the program, which was begun in collaboration with five of the area's major employers in 1995.

The service is offered as an employee benefit to assist employees who have questions or concerns about caring for an elderly family member. Specific information may be provided on a variety of older adult programs and services, including nursing home facilities, adult day centers, home health care, transportation, housing alternatives, insurance and legal services.

The program's client base, which includes the five employers who were involved in the start-up, has continued to grow as the need for information about caring for the elderly has increased. Employers have been receptive to the program as part of their efforts to help employees balance work and family needs so they can be more productive while on the job.

One of the most popular aspects of the program has been the ability of counselors to assist with information for clients with relatives who live outside Forsyth County. This includes areas within North Carolina as well as other states. After a comprehensive telephone interview to gather a complete picture of the client's needs, the counselor will research service providers in the area described. This information is then relayed to the client.

Clients, who are asked to complete a written survey as part of Elder Care Choice's quality assurance program, have consistently reported that they appreciate the convenience of gathering so much information in one place. Two designated telephone lines, including a toll-free number, help to ensure quick and efficient access for callers.

For more information contact:

Senior Services, Inc.
836 Oak Street, Suite 320
Winston-Salem, NC 27101

CLIENT SATISFACTION TOOL

QUALITY ASSESSMENT SURVEY [May be administered by mail or phone.]

You recently contacted ____ (agency) _____. Please answer the following questions by circling the answer (or “telling me the answer”) that comes closest to your experience with the Information and Assistance service:

	<u>Definitely</u>			<u>Not at all</u>	
1. Was the counselor you talked with helpful, polite and knowledgeable?	5	4	3	2	1
2. Did the counselor provide appropriate information and the assistance that you needed?	5	4	3	2	1
3. If the counselor sent you one or more publications related to your care-giving needs, did you find them helpful?	5	4	3	2	1
			or N/A		
4. Did you actually choose a service program or facility from the referrals sent to or discussed with you?		Yes		No	
5. If yes, are you satisfied with the service chosen?		Yes		No	
If no, please indicate why you did not choose among those options?					
6. If you are a family member or caregiver, please give the response that best describes how helpful the service has been in terms of your own job performance or other responsibilities. The help provided:					
A. Reduced need to arrive late, leave early, or take time off for dependent care.	5	4	3	2	1
B. Reduced amount of time spent on phone with care-giving concerns.	5	4	3	2	1
7. If you had a need in the future, would you use the I & A service again?		Yes		No	
8. Would you recommend the I & A service to others?		Yes		No	

Please add any further comments:

TRAINING RESOURCES FOR I & A STAFF

Center for Aging Research and Educational Services (CARES)

CARES, Jordan Institute for Families
School of Social Work, CB# 3550
University of North Carolina, Chapel Hill, NC 27599-3550
(919) 962-0650
<http://ssw.unc.edu/cares/Trnall.htm>

National Association of Social Workers-NC Chapter

PO Box 27582
Raleigh, NC 27611-7582
In NC: 1-800-280-6207
<http://members.aol.com/naswnc/>

Carolina Alliance of Information and Referral Services (NC AIRS)

1-800-662-7030 ask for contact person with CAIRS

North Carolina Division of Aging Training Calendar

<http://www.dhhs.state.nc.us/aging/trngcal.htm>

North Carolina Association on Aging

<http://www.ncaoa.org>
3004 Old Wilson Road
Rocky Mount, NC 27801
Telephone: (252) 446-7377 Fax:(252) 446-7562

North Carolina Cooperative Extension Calendar

http://calendar.cals.ncsu.edu:8082/wreg/notices_main_usr.pl

Senior Health Insurance Information Program (SHIIP)

North Carolina Department of Insurance
PO Box 26387
Raleigh, NC 27611
1-800-443-9354
<http://www.ncdoi.com/Consumer/Shiip/Shiip.asp>

UNC Institute on Aging

720 Airport Road, CB #1030
Chapel Hill, NC 27599-1030
phone: (919) 966-9444
fax: (919) 966-0510
<http://www.aging.unc.edu/calendar.html>

CASE RECORD REVIEW TOOL FOR SUPERVISORS

CASE RECORD REVIEW

Select 10 records for each staff member to be reviewed. Evaluate each record using the following statements.

Satisfactory Range =
0 to 2 “Improves”

Improve Range =
3 to 10 “Improves”

Give feedback to staff member, including specific suggestions for areas needing improvement.

- | | | |
|---|--------------|---------|
| 1. All required and requested case information is gathered on client and documented on form. | Satisfactory | Improve |
| 2. All required and requested case information is put into the case record (or computer). | Satisfactory | Improve |
| 3. Investigation into main reason(s) for call is indicated | Satisfactory | Improve |
| 4. Other areas of caller concern are indicated and counselor has documented as such. | Satisfactory | Improve |
| 5. Documentation is precise and professional explaining all client requests, counseling and information provided. | Satisfactory | Improve |
| 6. Information provided to the caller is appropriate to the nature of the call. | Satisfactory | Improve |
| 7. Response time of 24 hours has been met. | Satisfactory | Improve |
| 8. Case assistance has been documented with plan of action. | Satisfactory | Improve |
| 9. All callbacks or follow-up cases are documented, with result of call back indicated. | Satisfactory | Improve |

CERTIFICATION OF I & A STAFF

Alliance of Information and Referral Systems, Inc. (AIRS)

PO Box 31668

Seattle, WA

206-632-AIRS

Fax: 206-632-0855

<http://www.airs.org>

Carolina Alliance of Information and Referral Services (NC AIRS)

<http://www.ncairs.org>

or 1-800-662-7030 ask for contact person with NCAIRS

TOOL FOR SOLICITING VOLUNTARY CONTRIBUTIONS

(Agency Letterhead)

Dear (caller):

Thank you for calling our *Information and Assistance Program*. We hope you will find the information in this envelope useful. If you have any questions, or if we can further serve you, please call the phone number below.

Our program advises senior citizens and those who care for them about the services and opportunities available to them. The service is partially funded through the North Carolina Home and Community Block Grant. Donations from the public help us to extend our services to more people. We encourage you to contribute what you can.

Sincerely,

Information Specialist
Phone Number