



# Western CT Area Agency on Aging Senior Center Focal Point Application

84 Progress Ln. 2<sup>nd</sup> Flr  
Waterbury, CT 06705  
203-757-5449

## Organization Information

Name:

Address:

City:

State:

Zip:

Phone:

Web address:

## Contact Person

Name:

Title:

Email:

Phone:

Hours of operation:						
Sun	Mon	Tue	Wed	Thu	Fri	Sat

1. What is your organization's mission statement?

2. Do you advocate for older persons who are at risk of losing their independence?

Yes No

3. What services do you provide?

4. Are services offered in various formats, such as virtual, telephonic, and/or in-person?

Yes No

5. What is your organization, site or facility well known for in the community?

6. How do you exchange information, expedite referrals, and deliver services on site?

7. Do you have a system that measures how the facility is impacting and servicing the community? If so, what is the system?

8. Do you evaluate your programs? If so, what do you evaluate and how?

9. Does staff provide information on and assistance in accessing services that meet consumer needs?

Yes No

10. Is the facility a "CHOICES" health insurance counseling and assistance site listed with WCAAAA?

Yes No

11. Is staff able to assist consumer who have literacy or language barriers?

Yes No

12. Does staff provide referrals to other aging network partners for service delivery if necessary? With whom do you primarily collaborate?

13. Does the facility have private space for interviewing older persons, caregivers, or others seeking assistance?

Yes No

14. Is there adequate and allocated space for other organizations to provide services at your facility on an as needed basis?

Yes No

15. How are organizations encouraged to participate in the planning, coordination, and delivery of services provided at your facility?

16. Please describe your community demographics.

17. Please provide a list of community supporters and recommendations for your facility as an applicant organization to be a community focal point for aging services.

18. Is public transportation nearby, or where unavailable, alternative transportation provided to your facility?

Yes No

19. Are the services you provide accessible for use by older persons and persons with disabilities?

Yes No

20. Is the service facility in compliance with all applicable health, safety and accessibility standards?

Yes No