



Coalition of Agencies in Service to the Elderly
Bio Information Form

Date: **2/3/2016**

Name: **Nancy K. Smith**

Title: **Vision & Hearing Coordinator; CARE Coordinator**

Agency Name: **The Dale Association**

Complete Mailing Address: **33 Ontario St., Lockport, NY 14094**

Phone: **716-433-1886 x 108**

Fax: **716-433-1223**

Email address: **nancy.smith@daleassociation.com**

Website address: **www.daleassociation.com**

What age range do you serve? **18 and up**

A brief description of your position: **Coordinator of vision and hearing assistance for anyone 60 and over. Coordinator of the CARE Program (Call and reassure elders)**

A brief description of what your agency does: Provides supportive services for adults in Niagara County.

Please list any other programs your agency provides:

Mental Health Counseling, PROS Center for Wellness, Geriatric Community Mental Health Nurse, Memory Minders program, Caregiver Support Services, Senior Centre, Senior Advocate, Volunteer Opportunities, Enrichment & Travel, Dial-A-Lift Transportation