



Coalition of Agencies in Service to the Elderly
Bio Information Form

Date: **8/6/15**

Name: **Kristen Woskowicz**

Title: **Manager**

Agency Name: **Degraff Adult Day Center**

Complete Mailing Address: **Woodlands Corporate Center West, 3780 Commerce Court, Suite 100, North Tonawanda, NY 14120**

Phone: **716-243-7888**

Fax: **716-696-6183**

Email address: **kwoskowicz@kaleidahealth.org**

Website address: **www.kaleidahealth.org**

What age range do you serve? **18+**

A brief description of your position:

Oversee all social adult day care programs/operations; responsible for all aspects of client care

A brief description of what your agency does:

Social adult day program designed to meet the needs of chronically ill and impaired adults who live in the community. Socialization, assistance with personal care and a wide variety of activities are offered to help the individuals who attend our adult day program maintain their independence and promote feelings of self-worth; offers families respite – an opportunity to “take a break” from their caregiving responsibilities.

Please list any other programs your agency provides:

On-site monthly family caregiver support group meetings on the 4th Wednesday of each month at 7 p.m.