



Coalition of Agencies in Service to the Elderly Bio Information Form

Please complete this writable bio form on your computer and return it by email to caseniagara@gmail.com. Please note that this form is uploaded to the CASENiagara website as is. Please be sure to check your spelling and grammar. You may need to save a copy to your computer and attach it to an email to return it.

Date: **December 1, 2019**

Name: **Ann Marie Klosko**

Title: **Owner**

Agency Name: **Elder Transition Consulting LLC**

Complete Mailing Address: **244 Ashwood Lane, Orchard Park, NY 14127**

Phone: **716-440-0933**

Fax:

Email address: **amklosk@hotmail.com**

Website address: **www.eldertransitionconsulting.com**

What age range do you serve? **55 and older (this includes our elders and their family members who may live out of town and/or have other family obligations where our services would help all of them)**

A brief description of your position: **Owner**

A brief description of what your agency does: **Elder Transition Consulting specializes in caring for our elders when it's time to move. We will taking care of assessing the needs of our clients, including measuring up furniture to ensure it fits in our clients new living arrangement, organizing, sorting, packing, unpacking, light cleaning, and arranging for outside services to support the move including movers, estate sale coordinators, donations, and coordinating garage sales (if needed).**

Please list any other programs your agency provides:

C.A.S.E.

P. O. Box 4088, Niagara Falls, NY 14304

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