



Coalition of Agencies in Service to the Elderly
Bio Information Form

Date: **08/27/17**

Name: **Roxanne Sorensen**

Title: **Owner/ Dir. of Operations**

Agency Name: **Elder Care Solutions of WNY**

Complete Mailing Address: **69 Fruehauf Ave. Snyder, NY 14226**

Phone: **716-823-1476**

Fax: **716-299-2800**

Email address: **eldercarewny@gmail.com**

Website address: **www.eldercarewny.com**

What age range do you serve? **Adults**

A brief description of your position: **Dir. of Operations & oversight of all financial & clinical staff & services**

A brief description of what your agency does: **We are a local private pay Geriatric Care Management business that utilizes the skill of "Aging Life Care Specialists" that offer customized plans & services to promote independent living.**

Please list any other programs your agency provides: **Medicaid Apps., Placement, Pri & Screens ,MS Case Management**