



Coalition of Agencies in Service to the Elderly  
Bio Information Form

Date: **5/27/2016**

Name: **Chandra Daigler**

Title: **Director of Business Development**

Agency Name: **Elderwood Health Plan**

Complete Mailing Address: **7 Limestone Ave, Williamsville, NY 14221**

Phone: **716-346-3109**

Fax:

Email address: **cdaigler@elderwood.com**

Website address: **www.ElderwoodHealthPlan.com**

What age range do you serve? **21 and over**

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A brief description of your position: **Director of Business Development**

A brief description of what your agency does: **Elderwood Health Plan provides an array of home support services for individuals who are determined Medicaid eligible with a chronic illness or disability and in need of long - term care services for more than 120 days.**

Please list any other programs your agency provides: