



Coalition of Agencies in Service to the Elderly
Bio Information Form

Date: **01/12/17**

Name: **Denise DiPaolo, RN, BSN**

Title: **Community Outreach Coordinator**

Agency Name: **GuildCare Adult Day Health Care**

Complete Mailing Address: **4520 Military Rd, Niagara Falls, NY 14305**

Phone: **716-514-6682**

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Email address: **dipaolod@lighthouseguild.org**

Website address: **www.lighthouseguild.org**

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

A brief description of your position: **Outreach activities to connect with the local community, services agencies and individual providers servicing Niagara County residents who may be in need of Adult Day Health Care Services.**

A brief description of what your agency does: **Adult Day Health Care Program provides extensive medical support combined with social and therapeutic recreational services in a congregate day care setting. To be eligible for admission an individual must be 18 years old or older and have a diagnosed medical condition. Services include: nursing, health education, PT and OT, speech therapy, diet and nutrition, vision rehabilitation, social work, case management and socialization in group setting. A hot lunch is provided daily. Transportation is provided. Covered by Medicaid, Medicaid Managed Care (MMC), Medicaid Managed Long Term Care (MLTC) or through private payment.**

Please list any other programs your agency provides:

C.A.S.E.
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