



Coalition of Agencies in Service to the Elderly Bio Information Form

Date: **August 28, 2018**

Name: **Lisa A. Lannon**

Title: **Executive Director**

Agency Name: **HART, Inc. (Home Assistance Referral Team)**

Complete Mailing Address: **505 Cayuga Street Lewiston, NY 14092**

Phone: **(716) 754-8313** Fax:

Email address: **Lisa.Lannon@hartprogram.org**

Website address: **www.hartprogram.org**

What age range do you serve? **We serve all ages but most individuals requesting services are seniors.**

A brief description of your position: **Responsible for overseeing the administration, programs and strategic plan of the organization as well fundraising, marketing and community outreach.**

A brief description of what your agency does: **HART (Home Assistance Referral Team), Inc. is a non-profit organization whose mission is to enable members of our community to maintain quality of life in their own homes by linking them with qualified and affordable assistance. Our caregivers are prescreened through background checks, personal interviews, references and training verification and provide services such as skilled nursing care, health and personal care, respite for family caregivers, companionship, meal planning and preparation, errands, light yard work and light housekeeping. HART is a referral service that relies on the generous support of local foundation grants, donations from individuals and businesses, as well as the proceeds from community fundraising events, to cover operation costs.**

Please list any other programs your agency provides:

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