



## Coalition of Agencies in Service to the Elderly Bio Information Form

Date: **6/13/16**

Name: **Jeff Rose**

Title: **Senior Vice President**

Agency Name: **Health System Services**

Complete Mailing Address: **6867 Williams Road, Niagara Falls, NY 14304**

Phone: **716-283-2339**

Fax: **716-283-1291**

Email address: **jeffr@healthsys.net**

Website address: **www.healthsys.net**

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

---

A brief description of your position: **Oversee all operations**

A brief description of what your agency does: **Home modifications and medical equipment for elderly and disabled individuals**

Please list any other programs your agency provides: