



Coalition of Agencies in Service to the Elderly
Bio Information Form

Date: **January 14, 2019**

Name: **Michelle Spencer, BSW, CMC**

Title: **Geriatric Care Manager**

Agency Name: N/A

Complete Mailing Address:

Phone: **(716) 316-1056**

Email address: **teamspencer5870@gmail.com**

Website address: N/A

What age range do you serve? **Older adults**

A brief description of your position:

I assist older adults and their families with navigating our fragmented and confusing healthcare system to engage services that are tailored to their specific needs in order to maintain their quality of life.

A brief description of what your agency does.

Provide unbiased care management services to older adults and their families that assists in finding cost effective solutions.

Please list any other programs your agency provides: I also provide personalized companion care services such as transportation, running errands, escorting to medical appointments, light housekeeping, companionship, etc. to older adults.

C.A.S.E.

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