



Coalition of Agencies in Service to the Elderly Bio Information Form

Date: **Nov. 5, 2015**

Name: **Cynthia Printup-Harms**

Title: **Director**

Agency Name: **OAHIO (part of WNYIL, Inc.)**

Complete Mailing Address: **746 Poratge Rd., N.F., NY 14301**

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Website address: **www.wnyil.org**

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

A brief description of your position: **Responsible for strategic planning for OAHIO in conjunction with OAHIO Council, which includes but not limited to, developing and implementing policies and procedures, providing direction and supervision for staff, continued growth and development of OAHIO, and to define the general and specific operations and services provided for Native Americans with Disabilities in Western New York.**

A brief description of what your agency does: **OAHIO (oh-wah-ee-oh) is a non-profit Independent Living Center staffed and governed by Native Americans with disabilities. A part of Western New York Independent Living, Inc. (WNYIL) family of agencies and a catalyst for systems and individual change, and enhancing the quality of life for people with disabilities.**

Please list any other programs your agency provides: **Besides our 4 core services, Advocay, Independent Livings Skills Instruction, Information & Referral, and Peer Support, OAHIO also offers Educational Advocacy Supports, and a Family Support Service through the NYS Office of People with Developmental Disabilities.**

C.A.S.E.
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