



Coalition of Agencies in Service to the Elderly
Bio Information Form

Date: **August 16, 2017**

Name: **Alanna L. Pohl**

Title: **Assistant Director of Vision Rehabilitation**

Agency Name: **Olmsted Center for Sight**

Complete Mailing Address: **1170 Main Street, Buffalo, NY 14209**

Phone: **716-888-4574**

Fax: **716-888-4677**

Email address: **apohl@olmstedcenter.org**

Website address: **www.olmstedcenter.org**

What age range do you serve? **birth to death**

A brief description of your position: **Assistant Director of Vision Rehabilitation oversees services provided to visually-impaired clients by Vision Rehabilitation Therapists (teaching ADLs with vision loss), Orientation and Mobility Specialists (teaching safe and independent travel skills) and Social Workers (providing vision adjustment counseling and linkage to community resources).**

A brief description of what your agency does: **Olmsted's Mission: To help people who are blind or visually impaired achieve their highest level of independence. Olmsted's Vision: To be recognized as a center of excellence for blind and visually impaired children and adults by promoting independence, empowerment, inclusion and hope.**

Please list any other programs your agency provides: **Besides services and training mentioned above: low vision clinic, optical devices, adaptive aids, educational and vocational training to adults and children including Preschool and Early Intervention services, career assessments, work readiness, job placement assistance, job retention, accessible housing, assistive technology, support groups and WNY 2-1-1.**

C.A.S.E.
P. O. Box 4088, Niagara Falls, NY 14304
www.caseniagara.com