



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

Date: **09/19/2018**

Name: **Cassidy Connor**

Title: **Social Worker**

Agency Name: **Pathways Palliative Care Program**

Complete Mailing Address: **2424 Niagara Falls Blvd Niagara Falls, NY 14304**

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Email address: **Cassidy.Connor@PathwaysPCP.org**

Website address: **www.PathwaysPCP.org**

What age range do you serve? **18+**

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A brief description of your position: **I assist patients by connecting them to community resources, completing advance directives, and assessing eligibility for benefits and entitlements.**

A brief description of what your agency does: **Pathways provides chronically ill patients with in-home nursing, social worker, and spiritual care support that focuses on symptom management and quality of life.**

Please list any other programs your agency provides: **N/A**