



*Department of Elder Affairs
HelpWorks Information, Referral and Eligibility Determination System
Provider Program Update*

Provider Contact Information

Provider Name: _____		
Provider Also Known As: _____		
Address1: _____		
Address2: _____		
City: _____	State: _____	Zip: _____
Provider Contact : _____	Contact Title: _____	
Provider Primary Phone (For Client): _____	Extension: _____	
Provider Secondary Phone: _____	Extension: _____	
Provider Fax No.: _____	Provider TDD No.: _____	

List Major Service(s) Provided: _____

Service Narrative (Plain Language): _____

Eligibility

Who is eligible to receive services?	True	False
Elders 60 and Older	T _____	F _____
Caregivers age 18 and older	T _____	F _____
Accepts Females	T _____	F _____
Accepts Males	T _____	F _____

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Application Process

Intake Procedure	Accepts Walk-Ins	T _____	F _____
Payment Options:	Free Services Available	T _____	F _____
	Direct Payment	T _____	F _____
	Insurance Accepted	T _____	F _____
	Medicaid/Medicare Accepted	T _____	F _____
	Sliding Scale	T _____	F _____
Additional Payment Information: _____ _____			
Languages Supported: _____ _____			
Hours of Operation: _____			
Instructions for Consumers			
Call first and ask for: _____ _____			
Bring a referral from: _____ _____			
Bring these documents: _____ _____			

Intake Procedure Narrative: _____

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Accessibility/Facility

Wheelchair Accessible	T _____	F _____
Braille Signage	T _____	F _____
Flashing Lights for Hearing Impaired	T _____	F _____
Accessible by Public Transportation	T _____	F _____
Public Parking Available	T _____	F _____

Geocodes

Home and Community Area: _____

Zip Code(s) Served by Provider: _____

County(s) Served: _____

Travel Instructions: _____

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Administrative Information

Approved Service Provider	T _____	F _____	
Program is Currently Active	T _____	F _____	
Funding Source: _____			
Administrative Contact: _____			
Email Address: _____		URL: _____	
Parent Organization: _____			
Legal Status: _____			

Administrative Notes: _____

Date Provider Information Added: _____

Date Provider Information Updated: _____

Updated By: _____