



## *Section B*

**County:**

### Service Narrative

**Applicant Organization Name:**

**County(ies):**

**Please make your responses direct, to-the-point and specific to the question asked. You only need to complete the service narrative section ONCE.**

**EXPERIENCE:** Describe your company's experience in providing the designated service(s), including any lessons learned, recognition or awards.

**OUTREACH:** It is the responsibility of the provider to locate and provide service to seniors in the community. Describe your outreach efforts and your plan to locate and identify eligible individuals in the community and enroll them in your service program. *This question does not apply to Care Coordination applications. Applicants for Care Coordination can answer this question with "N/A."*

**POPULATION TARGETING:** Describe your process for prioritizing service delivery to federally-identified target groups (Low-income minorities, older persons with limited English proficiency, older persons residing in rural areas)

**CAPACITY:** Describe your company's capacity to provide service to multiple consumers on a daily, weekly, monthly, or incidental basis, including how the service delivery will be supervised and by whom. Include days & hours service is available.

**SERVICE DELIVERY:** Describe the service delivery system, including intake & assessment process, scheduling and service initiation. Also describe the waiting list process if one were needed/is being used.

**LIMITATIONS:** Describe any potential limitations or conflicts your company may have in complying with the regulations and requirements governing these funds.

**EMERGENCY PLAN:** Describe your emergency plan for continued service delivery in the event of staff call-offs or a weather or other calamity or emergency.

**CONSUMER DIRECTION:** Describe how consumer direction will be provided for all services that your agency is applying for.

SUBCONTRACTS: Describe any potential sub-contracts for the delivery of services; this includes other persons not directly under your supervisory control, such as private attorneys, delivery services, food preparers or caterers, other agencies or businesses. **(Note that sub-contracts require special approval from AAA9 and ODA. Attach examples of any proposed sub-contracting legal agreements. Insert "None" if appropriate. List separately and by service)**

Other comments (optional)