

Best of Care Catalog Listing

Organization Name: _____

Address: _____

Telephone: _____

Website: _____

Description (10 words for free): _____

Who should Milestone contact with any questions about Best of Care? (This will not be published)

Name/Email One: _____

Name/Email Two: _____

Active Aging Adult

Community/Neighborhood Centers
Education
Employment
Fitness/Health/Wellness Programs
Libraries
Volunteer Opportunities

Adult Day Services

Advocacy

Behavioral/Counseling/Mental Health

Grief Support Services
Support Groups and Workshops

Care Management

Disability Support Services
Home Health Care Services
Nursing Services
Respite

Emergency Assistance

Finances and Insurance

Food and Nutrition

Funeral Services

Government/Veteran Services

Home Repair, Energy, and Weatherization

Hospice

Hospitals and Medical Facilities

Housing Related Issues

Adult Foster Care
Continuing Care Retirement Communities
Dementia/Memory Care
Living Facilities
Nursing Homes
Rehabilitation
Senior Housing
Shelters

Information and Assistance

Legal Services

Medical Supplies and Services

Pharmaceutical Assistance

Physicians

Safety

Transportation

Are you interested in learning about advertising opportunities? Y N

Please Email to Lynn: lmcfarlen@milestoneseniorservices.org