

# Best of Care Listing Form

Org Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Website \_\_\_\_\_

Description \_\_\_\_\_

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 (This will not be published)**

Name/Email #1 \_\_\_\_\_

Name/Email #2 \_\_\_\_\_

## Active Aging Adults

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

## Adult Day Services

## Advocacy

## Behavioral Health/Counseling/Mental Health

- Grief Support
- Support Groups and Workshops

## Care Management

## Emergency Assistance

## Finances and Insurance

## Food and Nutrition

## Funeral Services

## Government/Veteran Services

## Home Repair, Energy, Weatherization

## Hospice

## Hospitals and Medical Facilities

## Housing Related Issues

Pick those that apply

- Independent Living
- Assisted Living
- Memory Care
- Continuous Care
- Adult Foster Care
- Subsidized Housing
- Other

## Info and Assistance

## Legal Services

## Medical Supplies/Services

## Pharmaceutical Assistance

## Rehabilitation

## Safety

## Transportation

## Unhoused Services

**Please Email Form to Lynn: [lmcfarlen@milestoneseniorservices.org](mailto:lmcfarlen@milestoneseniorservices.org)**