DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES

VIRGINIA DIVISION FOR THE AGING

**Area Agency and Contractor Information Form**

**Effective Date:**

**Please highlight the changes that are being made.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency**: |  | | |
| State Corporation Commission (SCC) Identification Number: | | |  |
| Agency Address: |  | | |
| Phone #: |  | Fax #: |  |
| E-mail Address: |  | | |
|  |  | | |
| **Agency Head**: |  | | |
| Home Address: |  | | |
| Home Phone #: |  | Cell Phone #: |  |
| E-mail Address: |  | | |
|  |  | | |
| **Second in Command**: |  | | |
| Home Phone #: |  | Cell Phone #: |  |
| E-mail Address: |  | | |
|  |  | | |
| **Fiscal Director**: |  | | |
| Home Phone #: |  | Cell Phone #: |  |
| E-mail Address: |  | | |

# Governing Board

For government agencies, work information is acceptable:

Presiding Officer = Board of Supervisors Chair; Treasurer = Internal Audit Director

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| **Presiding Officer:** |  | | |
| Non-Agency Address: |  | | |
| Non-Agency Phone: |  |  |  |
| Non-Agency E-mail: |  | | |
|  |  | | |
| **Treasurer**: |  | | |
| Non-Agency Address: |  | | |
| Non-Agency Phone: |  |  |  |
| Non-Agency E-mail: |  | | |

# Board Members

For government agencies, work information is acceptable:

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| **Board Member**: |  | | |
| Non-Agency Address: |  | | |
| Non-Agency Phone: |  |  |  |
| Non-Agency E-mail: |  | | |

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| **Board Member**: |  | | |
| Non-Agency Address: |  | | |
| Non-Agency Phone: |  |  |  |
| Non-Agency E-mail: |  | | |

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| **Board Member**: |  | | |
| Non-Agency Address: |  | | |
| Non-Agency Phone: |  |  |  |
| Non-Agency E-mail: |  | | |

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| **Board Member**: |  | | |
| Non-Agency Address: |  | | |
| Non-Agency Phone: |  |  |  |
| Non-Agency E-mail: |  | | |

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| **Board Member**: |  | | |
| Non-Agency Address: |  | | |
| Non-Agency Phone: |  |  |  |
| Non-Agency E-mail: |  | | |

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| **Board Member**: |  | | |
| Non-Agency Address: |  | | |
| Non-Agency Phone: |  |  |  |
| Non-Agency E-mail: |  | | |

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| **Board Member**: |  | | |
| Non-Agency Address: |  | | |
| Non-Agency Phone: |  |  |  |
| Non-Agency E-mail: |  | | |

# Board Members (continued)

For government agencies, work information is acceptable:

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| **Board Member**: |  | | |
| Non-Agency Address: |  | | |
| Non-Agency Phone: |  |  |  |
| Non-Agency E-mail: |  | | |

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| **Board Member**: |  | | |
| Non-Agency Address: |  | | |
| Non-Agency Phone: |  |  |  |
| Non-Agency E-mail: |  | | |

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| **Board Member**: |  | | |
| Non-Agency Address: |  | | |
| Non-Agency Phone: |  |  |  |
| Non-Agency E-mail: |  | | |

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| **Board Member**: |  | | |
| Non-Agency Address: |  | | |
| Non-Agency Phone: |  |  |  |
| Non-Agency E-mail: |  | | |

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| **Board Member**: |  | | |
| Non-Agency Address: |  | | |
| Non-Agency Phone: |  |  |  |
| Non-Agency E-mail: |  | | |

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| **Board Member**: |  | | |
| Non-Agency Address: |  | | |
| Non-Agency Phone: |  |  |  |
| Non-Agency E-mail: |  | | |

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| **Board Member**: |  | | |
| Non-Agency Address: |  | | |
| Non-Agency Phone: |  |  |  |
| Non-Agency E-mail: |  | | |

**Area Agency and Contractor Information Form**

Please provide the e-mail address of staff and one alternate authorized to e-mail the AMR to the Department for Aging and Rehabilitative Services. Reports sent by any other e-mail will not be recognized as approved.

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| --- | --- | --- | --- |
| **Primary:** |  | **Alternate:** |  |
| **Agency:** |  | | |
| **Agency Head Signature:** |  | **Date:** |  |

**Area Agency and** **Contractor E-Mail Groups**

Please review the appropriate contractor e-mail groups below, and include a **COMPLETE LIST OF THE MOST CURRENT MEMBERS** of the group. Ensure the list of members is correct as this list will replace the current e-mail distribution group. Use additional pages as needed. Agency head signature (above) is required for these changes to take effect.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Director or CEO  Name:  Email: |  | Name:  Email: |  | Name:  Email: |
| AAA Fiscal Directors  Name:  Email: |  | Name:  Email: |  | Name:  Email: |
| AAA Nutrition Coordinators  Name:  Email: |  | Name:  Email: |  | Name:  Email: |
| AAA Registered Dietitian/Nutritionist  Name:  Email: |  | Name:  Email: |  | Name:  Email: |
| AAA NWD Coordinator  Name:  Email: |  | Name:  Email: |  | Name:  Email: |
| AAA NWD IT Administrators  Name:  Email: |  | Name:  Email: |  | Name:  Email: |
| AAA NWD ISO  Name:  Email: |  | Name:  Email: |  | Name:  Email: |
| AAA NWD Business Lead  Name:  Email: |  | Name:  Email: |  | Name:  Email: |
| AAA Care Coordinators  Name:  Email: |  | Name:  Email: |  | Name:  Email: |
| Guardianship  Name:  Email: |  | Name:  Email: |  | Name:  Email: |
| VICAP Coordinators  Name:  Email: |  | Name:  Email: |  | Name:  Email: |