



## Information for Resource Database

Agency name (full legal name): **Christopher & Dana Reeve Foundation**

Other names that organization may be known as (e.g. acronyms and short forms): **Reeve Foundation, CDRF**

Address: **636 Morris Turnpike, Ste. 3A, Short Hills, NJ 07078**

Main administrative telephone number: **973-379-2690**

Specific service/intake or emergency phone number (if applicable): **973-467-8270**

Toll-free number (if applicable): **800-539-7309**

Fax number (if applicable):

TTY/TDD number (if applicable):

Web site: **[www.ChristopherReeve.org](http://www.ChristopherReeve.org)**

Email address: **[InfoSpecialist@ChristopherReeve.org](mailto:InfoSpecialist@ChristopherReeve.org)**

Other social media addresses:

Office hours and days (e.g. Mon-Fri 9am-5pm or 24/7): **Mon-Fri 9am-5pm**

Executive Director or equivalent - Name: **Peter Wilderotter**

Title: **President and CEO**

Contact person (if different from Executive Director) - Name: **Sheila Fitzgibbon**

Title: **Senior Director, Paralysis Resource Center**

Organization Type (select only one):

- Private nonprofit**
- Faith-based
- City
- County
- State
- Federal
- Proprietary/commercial/for profit
- Special district
- Other \_\_\_\_\_

Brief organizational description (1-3 sentence overview):

**The Paralysis Resource Center (PRC) is the support side of the Reeve Foundation's twin missions to provide "Today's Care" and to strive for "Tomorrow's Cure". We are a free, comprehensive, national source of informational support for people living with paralysis and their caregivers. Our primary goals are to foster involvement in the community, promote independence and improve quality of life.**

Area served: **US and International**

Languages other than English *consistently available* for the public: **Spanish, interpreter/translation services available in 150+ languages.**

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Please complete a separate entry for every relevant program/service that you operate

**Program/Service Information**

Service or service grouping (e.g. Services for children with developmental disabilities or youth counseling) or specific Program name (e.g. Children's Reading Program):

**Information Specialist**

Site at which service/program is available:

**Call center, office in Short Hills, NJ**

Service/program description (use extra blank sheets if required):

**Our AIRS accredited Information Specialists are trained to help anyone – from newly paralyzed individuals and their family members, to persons who have lived with disabilities for quite some time – as they attempt to navigate their changing world and the services available to them. We pull from a wide array of information and expertise to devise personalized plans and approaches to getting individuals living with paralysis back into their communities and a place of well-being quickly.**

Population targeted for this service/program (as specific as possible): **People living with paralysis and their caregivers.**

Office hours and days (e.g. Mon-Fri 9am-5pm): **Mon-Fri 9am-5pm**

Eligibility (check all that apply):

- Open to everyone
- Individuals and families with low incomes
- Seniors/older adults
- Persons with disabilities and their families
- Veterans
- Children
- Youth

Intake/application procedure (check all that apply or that are most applicable):

- |   |   |
|---|---|
| <input type="checkbox"/> Call to apply                          | <input type="checkbox"/> Walk in to apply               |
| <input checked="" type="checkbox"/> Call for service            | <input checked="" type="checkbox"/> Walk in for service |
| <input checked="" type="checkbox"/> Call for assistance         | <input type="checkbox"/> Appointment preferred          |
| <input checked="" type="checkbox"/> Call for information        | <input type="checkbox"/> Appointment required           |
| <input type="checkbox"/> Call or walk in to apply               | <input type="checkbox"/> Professional referral only     |
| <input checked="" type="checkbox"/> Call or walk in for service | <input type="checkbox"/> Physician referral required    |

Documentation required (check all that apply or that are most applicable):

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> No documentation required | <input type="checkbox"/> Proof of address         |
| <input type="checkbox"/> No documentation initially required  | <input type="checkbox"/> Proof of income          |
| <input type="checkbox"/> Call for details                     | <input type="checkbox"/> Proof of age             |
| <input type="checkbox"/> Picture ID                           | <input type="checkbox"/> Social security care     |
| <input type="checkbox"/> Two pieces of picture ID             | <input type="checkbox"/> Physician order required |
| <input type="checkbox"/> Other (specify): _____               |   |

Fees/Payment (check all that apply or that are most applicable):

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> None/not applicable                            | <input type="checkbox"/> Medicare, Medicaid, private insurance and private payment accepted   |
| <input type="checkbox"/> Call for details  | <input type="checkbox"/> Medicare, Medicaid, private insurance and private payment accepted. Sliding scale if no insurance                            |
| <input type="checkbox"/> Sliding scale. Call for details                           | <input type="checkbox"/> Medicare, Medicaid, private insurance and private payment accepted. Sliding scale if no insurance but no one refused service |
| <input type="checkbox"/> Nominal membership fee (\$ _____)                         | <input type="checkbox"/> Private insurance and/or private payment only  |
| <input type="checkbox"/> Membership fee (\$ _____)                                 | <input type="checkbox"/> Private payment only   |
| <input type="checkbox"/> Donations requested but optional                          | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Nominal cost (\$ _____)                                   | _____   |
| <input type="checkbox"/> Subsidies and/or scholarships available. Call for details | _____   |
| <input type="checkbox"/> Fees vary by program. Call for details                    |   |
| <input type="checkbox"/> Medicare, private insurance and private payment accepted  |   |
| <input type="checkbox"/> Medicaid, private insurance and private payment accepted  |   |

Survey completed by: Patricia E. Correa

Date: 4/25/2017

Signature: *Patricia E. Correa*





## Information for Resource Database

Agency name (full legal name): **The Arc of the United States**

Other names that organization may be known as (e.g. acronyms and short forms): **The Arc**

Address: **1825 K Street NW, Suite 1200, Washington, DC, 20006**

Main administrative telephone number: **202-534-3700**

Specific service/intake or emergency phone number (if applicable):

Toll-free number (if applicable): **800-433-5255**

Fax number (if applicable): **202-534-3731**

TTY/TDD number (if applicable):

Web site: [www.thearc.org/](http://www.thearc.org/)

Email address: [info@thearc.org](mailto:info@thearc.org)

Other social media addresses:

**Facebook:** [facebook.com/thearcus](https://facebook.com/thearcus)

**Twitter:** [twitter.com/thearcus](https://twitter.com/thearcus)

**YouTube:** [youtube.com/user/thearcoftheus](https://youtube.com/user/thearcoftheus)

Office hours and days (e.g. Mon-Fri 9am-5pm or 24/7): **Mon-Fri 9am-5pm**

Executive Director or equivalent - Name: **Peter V. Berns**

Title: **Chief Executive Officer**

Contact person (if different from Executive Director) - Name: **Jennifer Sladen**

Title: **Program Manager, National Initiatives**

Organization Type (select only one):

- Private nonprofit
- Faith-based
- City
- County
- State
- Federal
- Proprietary/commercial/for profit
- Special district
- Other \_\_\_\_\_

**Brief organizational description (1-3 sentence overview):**

The Arc is the largest national community-based organization advocating for and serving people with intellectual and developmental disabilities and their families. We encompass all ages and more than 100 different diagnoses including autism, Down syndrome, Fragile X syndrome, and various other developmental disabilities. Our nationwide network of chapters provides a wide range of human services and other supports to people with I/DD and their family members, including individual and public policy advocacy and residential, educational, and vocational services that let people with I/DD participate and be included in their communities. In addition, many of our chapters provide person-centered and financial planning, recreational activities, and other supports that meet the unique needs of people with I/DD and their families.

**Area served: Nationwide**

Languages other than English *consistently available* for the public:

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Please complete a separate entry for every relevant program/service that you operate

**Program/Service Information**

Service or service grouping (e.g. Services for children with developmental disabilities or youth counseling) or specific Program name (e.g. Children's Reading Program):

Site at which service/program is available:

Service/program description (use extra blank sheets if required):

Population targeted for this service/program (as specific as possible):

Office hours and days (e.g. Mon-Fri 9am-5pm):

Eligibility (check all that apply):

- Open to everyone
- Individuals and families with low incomes
- Seniors/older adults
- Persons with disabilities and their families
- Veterans
- Children
- Youth

Intake/application procedure (check all that apply or that are most applicable):

- |  |  |
|--|--|
| <input type="checkbox"/> Call to apply               | <input type="checkbox"/> Walk in to apply            |
| <input type="checkbox"/> Call for service            | <input type="checkbox"/> Walk in for service         |
| <input type="checkbox"/> Call for assistance         | <input type="checkbox"/> Appointment preferred       |
| <input type="checkbox"/> Call for information        | <input type="checkbox"/> Appointment required        |
| <input type="checkbox"/> Call or walk in to apply    | <input type="checkbox"/> Professional referral only  |
| <input type="checkbox"/> Call or walk in for service | <input type="checkbox"/> Physician referral required |

Documentation required (check all that apply or that are most applicable):

- |  |   |
|--|---|
| <input type="checkbox"/> No documentation required           | <input type="checkbox"/> Proof of address         |
| <input type="checkbox"/> No documentation initially required | <input type="checkbox"/> Proof of income          |
| <input type="checkbox"/> Call for details                    | <input type="checkbox"/> Proof of age             |
| <input type="checkbox"/> Picture ID                          | <input type="checkbox"/> Social security care     |
| <input type="checkbox"/> Two pieces of picture ID            | <input type="checkbox"/> Physician order required |
| <input type="checkbox"/> Other (specify): _____              |   |

Fees/Payment (check all that apply or that are most applicable):

- |  |   |
|--|---|
| <input type="checkbox"/> None/not applicable                                       | <input type="checkbox"/> Medicare, Medicaid, private insurance and private payment accepted   |
| <input type="checkbox"/> Call for details  | <input type="checkbox"/> Medicare, Medicaid, private insurance and private payment accepted. Sliding scale if no insurance                            |
| <input type="checkbox"/> Sliding scale. Call for details                           | <input type="checkbox"/> Medicare, Medicaid, private insurance and private payment accepted. Sliding scale if no insurance but no one refused service |
| <input type="checkbox"/> Nominal membership fee (\$ ____)                          | <input type="checkbox"/> Private insurance and/or private payment only  |
| <input type="checkbox"/> Membership fee (\$ _____)                                 | <input type="checkbox"/> Private payment only   |
| <input type="checkbox"/> Donations requested but optional                          | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Nominal cost (\$ _____)                                   |   |
| <input type="checkbox"/> Subsidies and/or scholarships available. Call for details | _____   |
| <input type="checkbox"/> Fees vary by program. Call for details                    | _____   |
| <input type="checkbox"/> Medicare, private insurance and private payment accepted  |   |
| <input type="checkbox"/> Medicaid, private insurance and private payment accepted  |   |

Survey completed by:

Date:

Signature:







## Information for Resource Database

Agency name (full legal name): **Eldercare Locator – National Association of Area Agencies on Aging**

Other names that organization may be known as (e.g. acronyms and short forms): **n4a**

Address: **1730 Rhode Island Avenue, NW Suite 1200 Washington, D.C. 20036**

Main administrative telephone number: **(202)872-0888**

Specific service/intake or emergency phone number (if applicable):

**Toll-free number (if applicable): (800) 677-1116**

Fax number (if applicable):

TTY/TDD number (if applicable):

Web site: [www.eldercare.gov](http://www.eldercare.gov)

Email address: **Available through website** [www.eldercare.gov](http://www.eldercare.gov)

Other social media addresses: <https://www.facebook.com/eldercarelocator>  
<https://twitter.com/search?q=eldercare+locator>

Office hours and days (e.g. Mon-Fri 9am-5pm or 24/7): **Monday – Friday 9:00 am – 8:00 pm ET**

Executive Director or equivalent - Name: **Sandy Markwood**

Title: **Chief Executive Officer**

Contact person (if different from Executive Director) - Name: **Patrice Earnest**

Title: **Director, Eldercare Locator**

Organization Type (select only one):

- Private nonprofit
- Faith-based
- City
- County
- State
- Federal
- Proprietary/commercial/for profit
- Special district
- Other \_\_\_\_\_

Brief organizational description (1-3 sentence overview):

**The Eldercare Locator is a public service of the Administration on Aging (AoA), a part of the U.S. Administration for Community Living and is administered by the National Association of Area Agencies on Aging (n4a).**

Area served: **Nationwide including US Territories**

Languages other than English *consistently available* for the public: **Spanish, Additional languages available through translation services**

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Please complete a separate entry for every relevant program/service that you operate

**Program/Service Information**

Service or service grouping (e.g. Services for children with developmental disabilities or youth counseling) or specific Program name (e.g. Children's Reading Program): **Seniors/older adults/people with disabilities/caregivers**

Site at which service/program is available: Available online at [www.eldercare.gov](http://www.eldercare.gov) or through the call center at **800.677.1116, which operates five days a week from 9:00 am to 8:00 p.m. ET,**

Service/program description (use extra blank sheets if required):

**The Eldercare Locator is a public service of the Administration on Aging (AoA), a part of the U.S. Administration for Community Living and is the only national information and referral resource to provide support to consumers seeking assistance across the spectrum of issues affecting older Americans. Though its national call center (800.677.1116), which operates five days a week from 9:00 am to 8:00 p.m. ET, and website ([www.eldercare.gov](http://www.eldercare.gov)), the Locator serves as a trusted gateway for older adults and caregivers searching for information and resources which can be crucial to their health, well-being and independence.**

Population targeted for this service/program (as specific as possible): **Seniors/older adults/people with disabilities/caregivers**

Office hours and days (e.g. Mon-Fri 9am-5pm): **Mon-Fri 9 a.m. – 8:00 p.m. ET**

Eligibility (check all that apply):

- Open to everyone
- Individuals and families with low incomes
- Seniors/older adults
- Persons with disabilities and their families
- Veterans
- Children
- Youth

Intake/application procedure (check all that apply or that are most applicable):

- |  |  |
|--|--|
| <input type="checkbox"/> Call to apply               | <input type="checkbox"/> Walk in to apply            |
| <input type="checkbox"/> Call for service            | <input type="checkbox"/> Walk in for service         |
| <input type="checkbox"/> Call for assistance         | <input type="checkbox"/> Appointment preferred       |
| <input type="checkbox"/> Call for information        | <input type="checkbox"/> Appointment required        |
| <input type="checkbox"/> Call or walk in to apply    | <input type="checkbox"/> Professional referral only  |
| <input type="checkbox"/> Call or walk in for service | <input type="checkbox"/> Physician referral required |

Documentation required (check all that apply or that are most applicable):

- |  |   |
|--|---|
| <input type="checkbox"/> No documentation required           | <input type="checkbox"/> Proof of address         |
| <input type="checkbox"/> No documentation initially required | <input type="checkbox"/> Proof of income          |
| <input type="checkbox"/> Call for details                    | <input type="checkbox"/> Proof of age             |
| <input type="checkbox"/> Picture ID                          | <input type="checkbox"/> Social security care     |
| <input type="checkbox"/> Two pieces of picture ID            | <input type="checkbox"/> Physician order required |
| <input type="checkbox"/> Other (specify): _____              |   |

Fees/Payment (check all that apply or that are most applicable):

- |  |   |
|--|---|
| <input type="checkbox"/> None/not applicable                                       | <input type="checkbox"/> Medicare, Medicaid, private insurance and private payment accepted   |
| <input type="checkbox"/> Call for details  | <input type="checkbox"/> Medicare, Medicaid, private insurance and private payment accepted. Sliding scale if no insurance                            |
| <input type="checkbox"/> Sliding scale. Call for details                           | <input type="checkbox"/> Medicare, Medicaid, private insurance and private payment accepted. Sliding scale if no insurance but no one refused service |
| <input type="checkbox"/> Nominal membership fee (\$ ____)                          | <input type="checkbox"/> Private insurance and/or private payment only  |
| <input type="checkbox"/> Membership fee (\$ _____)                                 | <input type="checkbox"/> Private payment only   |
| <input type="checkbox"/> Donations requested but optional                          | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Nominal cost (\$ _____)                                   | _____   |
| <input type="checkbox"/> Subsidies and/or scholarships available. Call for details | _____   |
| <input type="checkbox"/> Fees vary by program. Call for details                    |   |
| <input type="checkbox"/> Medicare, private insurance and private payment accepted  |   |
| <input type="checkbox"/> Medicaid, private insurance and private payment accepted  |   |

Survey completed by: **Patrice Earnest**

Date:

Signature:

