

# Pennsylvania Adult Day Services Association Directory Information

(Please make needed corrections to information provided and complete lower portions)

First Name: Jennifer		Last Name: Lewis	
Position: Program Manager			
Center: Shadowfax-Circle of Friends			
Legal Entity: Shadowfax Corporation			
Address 1: 1205 E Market St			
Address 2:			
City: York	State: PA	Zip Code: 17403	
County: York	Region: CE	Email: <a href="mailto:jenl@shadowfax.org">jenl@shadowfax.org</a>	
Phone: (717) 848-4518	Fax: (717) 843-8198	Website: <a href="http://www.circleoffriendsyorkpa.org">www.circleoffriendsyorkpa.org</a>	

Type of Program	Funding Sources	
Medical Program:	Fund AAA: <input checked="" type="checkbox"/>	Slide Scale: Yes      No
Social Program: <input checked="" type="checkbox"/>	Fund MH/IDD:	Subsidy/discount: Yes <input checked="" type="checkbox"/> No
Both Medical & Social Program:	Fund VA: <input checked="" type="checkbox"/>	Days & Hours Open:
MH/MR Program: <input checked="" type="checkbox"/>	MA Waiver: <input checked="" type="checkbox"/>	
	Under 60 Waiver:	
	Other:	
Licensed Capacity:	First Year of Operation:	Budgeted Staff Ratio:

<b>Services</b> (Place S for staff or C for contract)					
<b>S</b>	Bathing		Physical Therapy		Dental Care
<b>S</b>	Incontinence Care		Occupational Therapy		Social Services
	Therapeutic Diets		Speech Therapy		Podiatry
<b>S</b>	Caregiver Support Group		Massage Therapy		Music Therapy (by CMT)
<b>C</b>	Caregiver Education		Case Mgmt	<b>C</b>	Pet Therapy
	Transportation	<b>C</b>	Nursing RN		Horticultural Therapy
	Barber & Beauty		Nursing LPN		Other:
			MD Services		Other:

<b>Affiliation</b> (Check All That Apply)					
	Hospital		Assisted Living		CCRC
	Nursing Home		Senior Center		Freestanding
	Other:				

**Population Served:** Adults/seniors with a functional disability

**Eligibility:**