Detroit Area
AGENCY ON AGING

DETROIT AREA AGENCY ON AGING MULTI-YEAR PLAN REQUEST FOR PROPOSA
FY 2027 – FY 2029 (October 1, 2026 – September 30, 2029)
GENERAL INFORMATION FORM – AGENCY PROFILE

Applicant Name:					
Applicant Federal ID:		**Unique Entity #:**			
Executive Director:		**Email Address:**			
Financial Director:		**Email Address:**			
Program Coordinator:					
Email Address:					
Business Address					
City:		**State:**		**Zip Code:**	
Phone Number:		**Fax:**			
Alternative Number:					
Incorporation Date:		**In Business for at least three years:**	☐ Yes ☐ No		
Financial Viability:	☐ Yes ☐ No	**Financial viability as demonstrated by having a positive fund balance or retained earnings per financial report**			
Current on Taxes:	☐ Yes ☐ No	**If not, is there a plan in place with the Internal Revenue service?**	☐ Yes ☐ No		
Type of Agency:	☐ Public ☐ Private Non-Profit ☐ Private For-Profit ☐ Minority				
	☐ Female-Owned ☐ Adult with Disability-Owned				
Geographic Service Areas: (List Zip Codes)					

On the next page, check off service categories your organization is applying for in Section II of your Grant Application. Documents are being requested to substantiate the information reported above. Please make sure that your answers are in alignment with the requested information.

ACCESS SERVICES

- ☐ Case Coordination and Support
- ☐ Outreach
- ☐ Transportation

IN-HOME SERVICES

- ☐ Chore Services
- ☐ Homemaker
- ☐ Personal Care
- ☐ Friendly Reassurance

COMMUNITY SERVICES

- ☐ Health Promotion: Evidence-Based
- ☐ Health Promotion: Non-Evidence Based
- ☐ Elder Abuse Prevention
- ☐ Home Repair Services
- ☐ Legal Assistance

RESPITE SERVICES

- ☐ Adult Day Services
- ☐ Respite Care- In-Home
- ☐ Respite Care- Out-of-Home (Day)
- ☐ Respite Care- Out-of-Home (Overnight)
- ☐ Kinship Caregiver Respite Care

CAREGIVING SERVICES

- ☐ Caregiver Case Management
- ☐ Caregiver Education
- ☐ Caregiver Training
- ☐ Caregiver Support
- ☐ Caregiver Legal

KINSHIP CAREGIVING SERVICES

- ☐ Kinship Caregiver Case Management
- ☐ Kinship Caregiver Education
- ☐ Kinship Caregiver Training
- ☐ Kinship Caregiver Support
- ☐ Kinship Caregiver Legal

FY 2026 – FY 2029 MULTI-YEAR

GENERAL REQUIREMENTS FOR ALL SERVICE PROGRAMS

Applicant/Organization's Name:

Instructions: Read the following service standards and check (X) the boxes in the "Agee" column to indicate if the organization agrees to abide by that standard. Note: Refer to Bureau of ACLS (formerly AASA) Operating Standards for Service Programs for more information.

Failure to not complete this form may delay or prohibit approval of this application.

Targeting of Participants	Agree (X)
1. Each provider must be able to specify how they satisfy the needs of low-income minority individuals in the area they serve. Each provider must meet specific objectives for providing services to low-income minority individuals in numbers greater than their relative percentage to the total elderly populations within the geographic service area.	☐
2. Substantial emphasis must be given to serving eligible people with greatest social and/or economic need with particular attention to low-income minority individuals.	☐
3. Participants shall not be denied or limited services because of their income or financial resources. Where program resources are insufficient to meet the demand for services, each service program shall establish and utilize written procedures for prioritizing clients waiting to receive services, based on social, functional and economic needs.	☐
4. Each provider must maintain a written list of persons who seek service from a priority service category but cannot be served at that time. Such a list must include the date the service is first sought, the service being sought, and the residence of the person seeking service. The program must determine whether the person is seeking service is likely to be eligible for the service requested before being placed on a waiting list.	☐
Contributions	
5. All program participants shall be encouraged to and offered a confidential and voluntary opportunity to contribute toward the costs of providing the service received. No one may be denied service for failing to donate.	☐
6. Except for program income, no paid or volunteer staff person of any service program may solicit contributions from program participants, offer for sale any type of merchandise or service, or seek to encourage the acceptance of any particular belief or philosophy by any program participant.	☐
Confidentiality	
7. Each service program must have procedures to protect the confidentiality of information about older persons collected in the conduct of its responsibilities. All client information shall be maintained in controlled access files. It is the responsibility of each service program to determine if they are a covered entity according to HIPAA regulations.	☐
Compliant Resolution, Service Terminations & Appeals	

8. Each program must establish a written service termination procedure that includes formal written notification of the termination of services and documentation in the client record. The written notification must state the reason for the termination, the effective date, and advise about the right to appeal.	☐
9. Each program must establish a written service termination procedure that includes formal written notification of the termination of services and documentation in the client record. The written notification must state the reason for the termination, the effective date, and advise about the right to appeal	☐
10. Each program must also have a written appeals procedure for use by recipients with unresolved complaints, individuals determined to be ineligible for services, or for recipients who have services terminated. These people must be notified of their right to appeal against such decisions in writing and given the procedure to be followed for appealing such decisions.	☐
Civil Rights Compliance	
11. Programs must not discriminate against any employee, applicant for employment or recipient of service because of race, color, religion, national origin, age sex, sexual orientation, height, weight, or marital status.	☐
Older Adults & Risks	
12. Each program must operate in compliance with the Americans with Disabilities Act.	
13. Each program shall have a written procedure in place to bring to the attention of appropriate officials for follow-up, conditions or circumstances that places the older person in imminent danger (e.g., situations of abuse or neglect)	☐
14. Each service program must have established, written emergency protocols for both responding to a disaster and undertaking appropriate activities to assist victims to recover from a disaster, depending on the resources and structures available. Describe involvement in local community emergency preparedness planning:	☐
Staff & Volunteers	
15. Each program that utilizes volunteers shall have a written procedure governing the recruiting, training, and supervising of volunteers that is consistent with the procedure utilized for paid staff.	☐
16. Each program shall employ competent personnel sufficient to provide services pursuant to the contractual agreement. Each program shall be able to demonstrate an organizational structure including established lines of authority.	☐
17. Each program must conduct, prior to employment or engagement, a criminal background review through the Michigan State Police for all paid and volunteer staff. An individual with a record of a felony conviction may be considered for employment at the discretion of the program. The safety and security of program clients must be paramount in such considerations.	☐
18. New program staff & volunteers must receive orientation training that includes at a minimum, introduction to the program, the aging network, maintenance of records, the aging process, ethics and emergency procedures.	☐
19. Organization is required to protect client and business data as well as information from Cybersecurity breaches and scams through a secure information system.	☐
20. With the completion of this application, the prospective recipient certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal or State department or agency.	☐

Name and position title of individual authorized by applicant to commit applicant to this Agreement.

Name and position title of individual authorized by applicant to commit applicant to this Agreement

Typed Name:		Title:	
Signature:		Date:	