

**Stay Involved**  
**YOU**  
**CAN HELP**

IDENTIFY COMMUNITY ENABLERS

Use this form to provide suggestions for individuals that may want to provide expertise and/or serve as a resource to non-profit agencies, businesses or human service providers within your region or community.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

County: \_\_\_\_\_

Organization/Affiliation [if any]:  
\_\_\_\_\_

Working together we can prepare  
our communities and neighborhoods  
for the future...  
Thank you

Place postage  
stamp here

NYS Office for the Aging  
Office of Governmental Affairs and Constituency Services  
2 Empire State Plaza  
Albany, NY 12223-1251