

From: John Holman [<mailto:jrholman2015@aol.com>]
Sent: Thursday, March 10, 2016 11:36 AM
To: Mary Roselle
Subject: RIGHT TO KNOW REQUEST FORM ATTACHED

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 03/10/2016

REQUEST SUBMITTED BY: • E-MAIL •

REQUEST SUBMITTED TO (Agency name & address):

Area Agency on Aging

Luzerne and Wyoming Counties

Executive Director:

Mary Roselle

Administrative Offices

111 North Pennsylvania Boulevard

Suite 100

Wilkes Barre, PA 18701

NAME OF REQUESTER: John Holman

STREET ADDRESS: 44 Cook Road

CITY/STATE/COUNTY/ZIP(Required): Duncannon, PA Perry 17020

TELEPHONE (Optional): _____ EMAIL (optional): JRHOLMAN2015@AOL.COM

RECORDS REQUESTED: *Provide as much specific detail as possible so the agency can identify the information.

Please use additional sheets if necessary

I am requesting a copy of the policy and procedures used by Area Agency on Aging

Luzerne and Wyoming Counties that identify, investigate, and resolve complaints made by or on behalf of residents that relate to action, inaction, or decisions, that may adversely affect the health, safety, welfare, or rights of the residents and a copy of the latest signed statement of assurance between Area Agency on Aging Luzerne and Wyoming Counties and Luzerne or Wyoming Counties.