44 Holland Avenue
Albany, NY 12229-0001

NEW YORK STATE OF OPPORTUNITY.
Office for People With Developmental Disabilities

Become a Part of Something Special

Senior Companion Program

(866) 946-9733 | www.opwdd.ny.gov

Being a Senior Companion

A Senior Companion has much to give
and to others impart–
Willing hands and a loving heart
There are those who need a helping hand
Others only need someone to be kind and
to understand
Someone may need only a word that's kind
Another may want something or someone to
challenge their mind
Yet, a Senior Companion may need
only to listen
Giving a word of cheer, to bring a smile,
Or watch someone's eyes glisten
Sometimes one may want to go for a walk
Or may be lonely and just want to talk–
Or be near you because they know you care
Just knowing that someone's by their side–
Just there
And Senior Companions have their rewards too
For all that is given to others
always returns to you

By: Senior Companion Evelyn VerDow Hayslett

Senior Companion Program

The NYS Office For People With Developmental Disabilities' Senior Companion Program is an outstanding program that partners New York State seniors with adults with developmental disabilities. The Senior Companion Program offers adults with developmental disabilities:

- Greater community inclusion
- A helping hand when needed
- Socialization opportunities
- A chance to fine-tune their daily living skills
- A valued friendship

Senior Companions aren't staff, or program aides, but people who are willing to offer support and friendship to adults with developmental disabilities.

Is becoming a Senior Companion right for you?

Senior Companions must:

- Be at least 55 years old
- Be able to volunteer 15-40 hours per week
- Be income eligible
- Love to help people

Senior companions don't need medical or technical skills, only a willingness to share their time and talents.

Benefits:

Along with the satisfaction of knowing you're making a difference, Senior Companions receive:

- A tax-free stipend
- Paid vacation, sick leave and other benefits
- A daily meal allowance or a meal
- Transportation or mileage reimbursement
- Pre-service and on-going training

"This program has added meaning to my life. It gives me something to look forward to everyday."

Janet Batton, Long Island DDSO

"I enjoy working with the individuals. Helping them assimilate in natural settings, such as, bowling, fishing, golfing, and walking. It is really rewarding."

Carmen Gallo, Finger Lakes Craig DDSO

"I really enjoy being part of something again. It is really important to be part of something that is bigger than yourself."

Cliff Jones, Broome DDSO

For more information about this program, contact OPWDD's Senior Companion Program at (518) 474-9882, or at one of the Senior Companion Program offices listed below.

Brooklyn, N.Y. .....(718) 642-6279
Capital District .....(518) 581-3074
Rome, N.Y......(315) 339-0110, Ext. 511
Syracuse, N.Y. .....(315) 473-5034
Broome .....(607) 240-4650
Craig, N.Y......(585) 382-3100
Monroe, N.Y. .....(585) 461-8884
Newark, N.Y......(315) 331-1700 ext. 2427
Hudson Valley, N.Y......(845) 947-6198
Long Island, N.Y. .....(631) 326-4441
New York, N.Y. (Manhattan/UCP) ..... (718) 741-7259
Sunmount, N.Y. ..... (518) 359-4481
Taconic, N.Y. .....(845) 877-6821 ext. 3987
Western, N.Y......(716) 608-2754
Cortland, N.Y. .....(607) 756-5637 Ext. 128

Program Information is also available through OPWDD's toll free Information Line at (866) 946-9733 voice, or (866) 933-4889 TTY; OPWDD regional DDSOs; or at OPWDD's Web Site, www.opwdd.ny.gov.

This brochure is published by the OPWDD Communications Office, located at 44 Holland Ave., Albany, N.Y. 12229.

If you're interested in becoming a Senior Companion, or just want to find out more about this rewarding and important program, please fill out the following form and mail it to us. We'll be glad to tell you all about it.

☐ **Yes, I'm interested in being a Senior Companion.**

☐ **Please send me more information about the program.**

Please Print

Name: _____

Address: _____

_____

City:_____

State: _____

ZIP: _____

Phone Number: _____

For privacy, please tear off and mail in an envelope to:

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