

2.3 SERVICE MAPPING TEMPLATE

Purpose: To identify, organize, and evaluate current services available to older adults, caregivers, and individuals experiencing cognitive decline.

1. ORGANIZATION / SERVICE / CITY

Organization: _____

Service provided: _____

City: _____

2. TYPE OF SERVICE

- ☐ Health / Medical Care
- ☐ Mental Health / Counseling
- ☐ Dementia / Cognitive Support
- ☐ Social / Recreational
- ☐ Respite (in-home / residential)
- ☐ Caregiver Support
- ☐ Transportation
- ☐ Home Care
- ☐ Long Term Care / Assisted Living
- ☐ Nutrition Services
- ☐ Adult Day Services
- ☐ Educational / Training
- ☐ Other: _____

3. TARGET POPULATION

- ☐ Older adults (65+)
- ☐ Caregivers
- ☐ Individuals at risk / with cognitive decline / dementia
- ☐ Other: _____

4. DESCRIPTION OF SERVICE (brief overview of what the service provides)

5. ELIGIBILITY CRITERIA (who qualifies for this service? Age, condition, residency, income?)

6. ACCESSIBILITY (location, hours of operation, cost, transportation options)

7. REFERRAL / ENROLLMENT PROCESS (how does someone access this service?)

8. CONTACT INFORMATION (include phone, email, website, or in-person contact)

Name: _____

Phone: _____

Email: _____

Website: _____

9. GAPS / NOTES (any observed limitations, service gaps, or additional notes)

OPTIONAL TABLE FORMAT								
Organization / Service / City	Type of Service	Target Population	Description	Eligibility	Accessibility	Referral Process	Contact Info	Gaps / Notes