

**WEST BOYLSTON COUNCIL ON AGING
ELDER COMMUNITY SERVICES PROGRAM
APPLICATION**

Section I

Name of Applicant Tel. No.

Address

Date of Birth SSN/...../.....

- 1. Applications will be considered only when filled out completely and accompanied by a copy of the applicant's most recent property tax bill, and verification of all income.
- 2. Application must be filled out as completely as possible using the exact figures from the applicant's Income Tax form for the previous year. (If the applicant did not file taxes, they must submit an estimate of their gross annual income for the previous year).
- 3. Eligibility is subject to age and residency conditions, as well as meeting the income guidelines established by the Council on Aging and the ability to place the applicant in available positions.
- 4. Applicants are required to submit documentation of financial resources and liabilities.
- 5. Applicants whose income exceeds the limitation decided by the Council on Aging will be denied acceptance into the program year.
- 6. The Sub-committee of the Council decides placements based on the skills, and interests of the applicants and the needs of the various departments. Attention is paid to individual preferences; however, it may be impossible for all applicants to get their first choice.
- 7. Applicants have the right to refuse the first placement. Each applicant will be entitled to only two (2) interviews.
- 8. The applicant will be paid at the rate of \$6.75 per hour, not to exceed \$1,300.00 per calendar year, at the end of the second and fourth quarters.

If I qualify for the Elder Community Services Program, I understand that I may earn a maximum of \$1,300.00, which will be paid twice yearly.

Signature Date

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Section II

PART A: Eligibility Requirements. Please answer all the following questions.

- I am over age 65 Yes No
- My spouse or I own the home in which I/we reside Yes No
- I am a West Boylston resident Yes No
- I meet the financial guidelines (listed below) Yes No

No. in Family	1 Person	2 Persons	3 Persons
Income	\$ 26,950	\$ 30,800	\$ 34,650

PART B: Gross receipts from all sources in preceding calendar year. Family Income

Retirement benefits (Social Security, Railroad, Federal, Mass, and Political Subdivisions)	\$.....
Other Pensions and Retirement Allowances	\$.....
Wages, Salaries and Other Compensation	\$.....
Net Profits from Business or Profession	\$.....
Interest and Dividends	\$.....
Other Receipts (Rent, Capital Gains, etc.)	\$.....
TOTALS	\$.....

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Section III

PART A: Job placements would be available in a variety of town departments, please indicate in Which areas you would like to work.

Town Hall _____	Senior Center _____
Schools _____	Police _____
Library _____	Fire _____
Department of Public Works _____	Other _____

PART B: Please discuss past experience and types of skills which might qualify you as a participant in the program.

Do you have a Driver's License? Yes No

PART C: Do you have any medical restrictions, which might affect a working assignment? Please explain. (The Town of West Boylston will make reasonable accommodations for participants who might be physically or mentally challenged.)

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Part D: Disposition of application Granted Denied
Placement _____

Indicate reason for denial _____

Staff signature _____

**WEST BOYLSTON COUNCIL ON AGING
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DEPARTMENT REQUEST FORM

Department: _____

Contact Person: _____

Telephone _____ Date: _____

(1) My department is interested in the Elder Community Services Program:

Yes

No

(2) Indicate the type of position you seek a property tax volunteer to fill:

(3) Please list the types of skills that the position requires:

(4) Indicate the period to complete the above task (i.e. weekly, monthly, and annually)

I understand as the Department Head / Supervisor that I have the right to select or reject an Applicant based upon their skill level. I also understand that once an applicant is placed, I am responsible for training, supervision, documentation of hours worked and total number of hours accrued during each bi-annual pay period.

Signature _____ Date _____