



**Council on Aging  
Millbury, Massachusetts  
1 River Street  
Millbury, MA 01527  
508-865-9154**

July 8, 2018

The **Elder Community Services Program** is a program for residents of the Town of Millbury. It was established by vote of the Town at the Annual Town meeting May 3, 2005. Eligible participants will receive up to \$1,500 per calendar year that can be used to pay their real estate property tax. This is in return for voluntary service at a town department, board, agency or program. Program participants shall be paid an hourly wage approved for the Commonwealth of Massachusetts, which is currently \$8.00 an hour.

The program is open to resident property owners living in the town in their own property who are at least 60 years of age. To be eligible, the applicant must have an annual income level to or lower than the Low- Income Household Income Limits for the Worcester Area as defined by the federal Department of Housing and Urban Development (HUD) as listed on the program application form.

The **Millbury Council on Aging administers the Elder Community Services Program** in conjunction with the Office of the Board of Selectmen/Town Manager. The Council on Aging Executive Director shall serve as the program coordinator. Applications may be obtained from the Council or from the Office of the Town Manager/Board of Selectmen.

The **Elder Community Services Program** Application Package will include the following items.

- **Elder Community Services Program Application Form – Section I – Program Requirements.**
- **Elder Community Services Program Application Form – Section II – Income Eligibility Requirements.**
- **Elder Community Services Program Application Form – Section III – Job Placement Requirements.**

The application will be evaluated by the Council on Aging Executive Director within the guideline and priorities approved by the Board of Selectmen, as recommended by Council on Aging using the following selection criteria:

1. Household annual income within Income Guidelines, priority will be given to applicant's from eligible households with household income equal to, or less than the Very –Low Income Household Limit as established by HUD;
2. Ability to perform work; and
3. Availability of a position suitable for the skills of the applicant.

Previous participants in the program will be considered for another year with the completion of a new **Elder Services Program Application Form**

A selected applicant will be placed within a town department, board, agency, or program, upon recommendation of the subcommittee subject to review by the Town Manager. An applicant may refuse the first offering. When accepted the department head and volunteer will complete a brief job description as a work contract, sign it and return it to the Council on Aging.

The Department head will supervise and train the applicant and report the accrued hourly credit to the Council on Aging on a biweekly schedule.

Credit toward property tax liability obligations will be applied twice a year at the end of December and June.

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**MILLBURY COUNCIL ON AGING  
ELDER COMMUNITY SERVICES PROGRAM  
APPLICATION**

**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 that might qualify you as a participant in the program.

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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 Millbury will make a reasonable accommodation for participants who might be physically or mentally challenged.)

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**FOR OFFICE USE ONLY**

**Date Received:** \_\_\_\_\_ **Received By:** \_\_\_\_\_

**Part D: Disposition of application**    **Granted**        **Denied**

**Placement** \_\_\_\_\_

**Indicate reason for denial** \_\_\_\_\_

**Staff signature** \_\_\_\_\_

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**Section II**

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

- I am over age 60.....Yes No
- My spouse or I own the home in which I/we reside.....Yes No
- I am a Millbury resident.....Yes No
- I meet the Low Income Guidelines for my household income.....Yes No
- I meet the Very Low Income Guidelines for my household income.....Yes No

No. in Family	1 Person	2 Persons	3 Persons
Low Income	\$51,706	\$56,073	\$63,036
Very Low Income	\$31,750	\$36,300	\$40,800

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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MILLBURY COUNCIL ON AGING  
ELDER SERVICES PROGRAM  
APPLICATION

Section I

Name of Applicant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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 Council on Aging Director 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 \$8.00 per hour, not to exceed the maximum \$1,500 per calendar year, at the end of the second and fourth quarters.

**I, the undersigned, understand that as a wage-earning employee, I am entitled to be paid on a weekly or bi-weekly basis, and I hereby waive my rights to be paid accordingly, and agree to receive compensation twice yearly to be used to pay my real estate property tax. I understand that I may earn a maximum of \$1,500 which will be paid twice yearly, as stated above.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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