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.

Millbury Council on Aging  
One River Street  
Millbury, Massachusetts 01527
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.

<table>
<thead>
<tr>
<th>Town Hall</th>
<th>Senior Center</th>
<th>Police</th>
<th>Fire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Library</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Public Works</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part B: Please discuss past experience and types of skills that 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 Millbury will make a reasonable accommodation for participants who might be physically or mentally challenged.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

FOR OFFICE USE ONLY

Date Received:______________________  Received By:_______________________

Part D: Disposition of application  Granted  Denied

Placement_____________________________________________________________

Indicate reason for denial________________________________________________

Staff signature________________________________________
MILLBURY COUNCIL ON AGING
ELDER COMMUNITY SERVICES PROGRAM
APPLICATION

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

<table>
<thead>
<tr>
<th>No. in Family</th>
<th>1 Person</th>
<th>2 Persons</th>
<th>3 Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Income</td>
<td>$51,706</td>
<td>$56,073</td>
<td>$63,036</td>
</tr>
<tr>
<td>Very Low Income</td>
<td>$31,750</td>
<td>$36,300</td>
<td>$40,800</td>
</tr>
</tbody>
</table>

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  .......... $___________

COA Use Only.

Date Received:______________________________________

Received By:___________________________________________
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:____________________________

____________________________

COA Use Only.

Date Received:____________________________

Received By:____________________________