

**SPENCER COUNCIL ON AGING
SENIOR COMMUNITY SERVICES PROGRAM
APPLICATION**

Section III

CONFIDENTIAL

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

- I am over age 62.....Yes No
 My spouse or I own the home in which I/we legally reside.....Yes No
 I am a Spencer resident.....Yes No
 I meet the Low Income Guidelines for my household.....Yes No
 I meet the very Low Income Guideline for my household.....Yes No

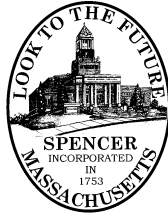
No. in Family	1 Person	2 Persons	3 Persons
Low Income	\$ 43,050	\$ 49,200	\$ 55,350
Very Low Income	\$ 26,900	\$ 30,750	\$ 34,600

Part B: Gross receipts from all sources in preceding calendar year.	Family Income
Retirement benefits (Social Security, Railroad, Federal, Massachusetts and Political Subdivisions)	\$ _____
Other Pensions and Retirement Allowances	\$ _____
Wages, Salaries and Other Compensations	\$ _____
Net Profits from Business or Profession	\$ _____
Interest and Dividends	\$ _____
Other Receipts (Rent, Capital Gains, etc.)	\$ _____
TOTAL	\$ _____

Human Resource & Benefits Department use only

Received By: _____ **Date:** _____

Approval By: _____



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Section II

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 _____
Library _____
Utilities and Facilities _____
Fire _____
Other _____

Senior Center _____
Town Clerk _____
Police _____
Park & Rec _____

Part B: Please discuss experience and types of skills that might qualify you as a participant in the program.

Do you have a valid driver's license? Yes _____ No _____

Part C: Do you have any medical restrictions, which might affect a work assignment? Please explain. (The Town of Spencer will make reasonable accommodation for participants who might be physically or cognitively challenged.)

FOR OFFICE USE ONLY

Received by: _____ Date Received: _____

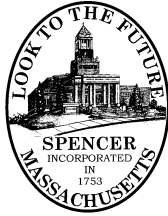
Part D: Disposition of application **Granted** **Denied**

Placement _____

If denied indicate reason for denial

Town of Spencer Signature _____

Council on Aging Signature _____



**EMPLOYEE ENROLLMENT FORM
SENIOR COMMUNITY SERVICES PROGRAM**

NAME: _____ SOCIAL SECURITY # _____

ADDRESS _____

PHONE NUMBER _____ HIRE DATE _____

EMERGENCY CONTACT _____ PHONE NUMBER _____

POSITION _____ HOURLY RATE _____

PAY FREQUENCY SEMI-ANNUAL

OBRA DEDUCTION 7.5%

MEDICARE DEDUCTION 1.45%

RETIRED MUNICIPAL AND STATE EMPLOYEES AND THOSE OVER 70 YEARS OF AGE NOT REQUIRED TO PAY INTO OBRA (DEFERRED COMPENSATION PLAN) ALL OTHER STATE AND FEDERAL TAXES APPLY.

TO BE COMPLETED ALONG WITH THIS FORM A PART-TIME NEW EMPLOYEE PACKET ALONG WITH A COPY OF THE TOWN OF SPENCER'S SEXUAL HARASSMENT POLICY.

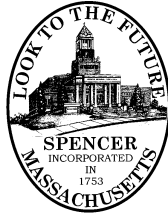
I, the undersigned, understand that as a wage-earning employee, I am entitled to be paid on a weekly or bi-weekly basis, and I hereby waive my right to be paid accordingly, and agree to receive compensation twice yearly to be used to pay my real estate property tax. I understand that I may earn a maximum of \$2,000.00 which will be paid twice yearly, as stated above.

Signature: _____

Date: _____

Human Resource & Benefits use only.

Received by: _____ Date: _____



Spencer Council on Aging Senior Services Program Application

Section I

Name of Applicant _____

Address _____

Telephone Number _____

Date of Birth _____

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 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 a copy of their most recent tax return and other documentation as requested. Liability documentation may be requested.
5. Applicants whose income exceeds the cap established by the Council on Aging will be considered only after the October 1st deadline on a case-by-case basis.
6. The Council on Aging Director will help place applicants 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 Massachusetts Minimum Wage currently at \$15.00 per hour, not to exceed the maximum \$ 2,000.00 per calendar year.

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 right 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 \$ 2,000.00. which will be paid twice yearly, as stated above.

Signature _____

Date _____

Received by _____

Date received _____

