



TOWN OF BROOKLINE
Massachusetts

Council on Aging

Ruthann Dobek, LICSW
Director

At Brookline Senior Center

93 Winchester Street
Brookline, MA 02446
617-730-2777
Fax: 617-730-2761
www.brooklinema.gov

Dear Applicant,

Thank you very much for your interest in becoming a home care worker for the Brookline Council on Aging's Home and Escort Linkage Program (H.E.L.P.). Enclosed you will find an application and program description. Please complete the application and return in the enclosed envelope. You will be contacted if the program is in need of additional home care workers and your skills match those needed for the position. Thank you for taking the time to apply for a position with H.E.L.P.

Sincerely,

H.E.L.P. Staff

Brookline Council on Aging
93 Winchester Street, Brookline, MA 02446
H.E.L.P. Phone: 617-730-2752



H.E.L.P.

Home and Escort Linkage Program

HOME CARE WORKER INFORMATION

PROGRAM ELIGIBILITY

In order to become a Home Care Worker for H.E.L.P. you must: participate in an interview with H.E.L.P. staff; provide 3 references, 2 of which must be professional references; attend a mandatory orientation and training program; sign an acknowledgment and release form.

PROGRAM SERVICES

The program strives to be flexible and accommodating to meet the needs of participants. Program staff matches participants with the home care worker that best fits the requirements of the job requested and the fee the participant is able to pay. The home care workers can provide the services listed below:

- ***GROCERY SHOPPING***
may include preparation of grocery list, purchase and delivery of groceries
- ***ERRANDS***
may include shopping, going to the pharmacy, library, bank, post office, etc.
- ***LIGHT HOUSEKEEPING***
may include dusting, vacuuming, mopping, bathroom/kitchen, making beds, garbage, etc.
- ***HEAVY CLEANING***
may include walls, ovens, windows, freezer defrosting, moving furniture to clean, etc.
- ***COMPANIONSHIP***
may include going for a walk, playing games, a friendly visit, reading or writing, etc.
- ***COOKING***
preparation and clean-up of a light meal (breakfast or lunch) or a full meal (dinner)
- ***LAUNDRY***
may include sorting, washing, drying, folding, hand wash, laundromat, ironing or mending
- ***ESCORT***
providing transportation or accompanying an elderly client to an appointment or special event
- ***YARDWORK / HOME MAINTENANCE***
may include gardening, raking leaves, planting bulbs or basic home repair
- ***ODD JOBS***
may include organizing tasks, secretarial support, sorting through clothing, packing, etc.

SERVICE ARRANGEMENT

After the program staff has found an appropriate home care match, the home care worker will receive the participant's name, address, phone number, confirmation of the fee, and any other pertinent information. The worker will then contact the participant within 48 hours to schedule the first visit. Home care workers come prepared to work on the first visit as they have already been thoroughly interviewed and screened by the program staff.

Home care workers are not required to give participants their telephone numbers. If participants need to contact their worker, they can leave messages for workers at the H.E.L.P. Office number: 617-730-2752.

The program staff provides continuous assessment, support, case management, and service coordination to all program participants. Any changes in needs or services should be brought to the attention of the staff person working directly with the participant. In the event that the staff is unable to meet a service request, a referral will be made to alternative resources when possible.

PAYMENT TO HOME CARE WORKERS

There are fixed fees for the services provided through H.E.L.P. The program staff will assist in negotiating a specific fee for each situation. The rate of payment reflects the general job description and individual financial requirements. The current fee range is \$14 - \$16 an hour.

Home care workers are self-employed; they are *not* employees of the Brookline Council on Aging. All individuals participating in the H.E.L.P. program are personally responsible for any financial obligation to the Internal Revenue Service or the Social Security Administration.

The participant pays the home care worker directly for all services rendered. The participant and staff jointly determine the method and frequency of payment. There is no need for further compensation to the worker, and under no circumstances should gifts be given or loans be made between worker and participant. In the event that the elder is not present for the scheduled appointment with the home care worker and did not cancel the appointment, payment is expected to be made to the home care worker.

- Cleaning Assignments:
The participant provides all cleaning supplies.
- Escort/Driving Assignments:
For driving assignments: parking fees for garages and parking lots are paid by the participants. Home care workers are not paid mileage for these assignments unless the distance to the destination is greater than 12 miles. If so, a small additional fee will be assessed.

All administrative & support services provided to participants by H.E.L.P. staff is free of charge.

H.E.L.P. Office number: 617-730-2752

* The Brookline Council on Aging's H.E.L.P. Program is funded by the Town of Brookline.

THE TOWN OF BROOKLINE
Home and Escort Linkage Program
Sponsored by the Brookline Council on Aging
93 Winchester Street, Brookline, MA 02446
(617) 730-2752

HOME CARE WORKER APPLICATION

Date _____

Name _____
Last Middle First

Address _____
Street Apartment #

_____ City State Zip Code

Telephone _____
home cell

Do you use voicemail? _____
yes no

Do you have a Smartphone with GPS capability? _____
yes no

Email _____

Please tell us how you heard about the HELP Program. Check all that apply.

- _____ HELP Home Care Worker
- _____ Senior Center Newsletter
- _____ Program through the Council on Aging If so, which program? _____
- _____ Another Agency If so, which agency? _____
- _____ Other Please specify _____

Emergency Contact

In the event of an emergency while on the job, whom would you like us to contact?

_____ Name Relationship

_____ Address Telephone

EDUCATION

High School _____
Name of high school City State Year of graduation

College _____
Name of college City State Year of graduation Degree

Please describe your course of study; including major, special training or post-graduate study/degree _____

Have you had any home health care or nurses' aide training? If yes, describe _____

Are you in school currently? _____
If yes, describe (include current class schedule) _____

WORK HISTORY

Please list your last **three** employers beginning with your current or most recent employer

1. Employer's

Name _____ Telephone _____
Address _____
Years of Employment: from _____ to _____
Title or Position _____
Job Description _____

2. Employer's

Name _____ Telephone _____
Address _____
Years of Employment: from _____ to _____
Title or Position _____
Job Description _____

3. Employer's

Name _____ Telephone _____
Address _____
Years of Employment: from _____ to _____
Title or Position _____
Job Description _____

Please describe below any personal, volunteer or work related experience you have had with an elderly person or persons:

Personal Interests

Do you have any special interest, skills or hobbies? Include leisure activities (crafts, sports, games, music, art, foreign languages, religious or cultural interests, etc.)

Have you worked with H.E.L.P. before? _____ If yes, when? _____

REFERENCES

The following persons may be contacted by a representative of HELP for the purpose of providing a reference for the applicant. Please **DO NOT** list friends or family as references. Employers/supervisors, colleagues, co-workers, clients, teachers or other professionals are preferred.

1) Name _____ Telephone _____
Address _____
Describe your relationship to this person _____

2) Name _____ Telephone _____
Address _____
Describe your relationship to this person _____

3) Name _____ Telephone _____
Address _____
Describe your relationship to this person _____

Please review and complete the following list. Use a check mark (✓) to indicate the type of work you are interested in. A description of each task is listed to give a general description of common requests.

- GROCERY SHOPPING: Purchase and delivery of groceries, preparing list of groceries, putting groceries away
- ERRANDS: shopping for household items, clothing, going to the pharmacy, library, bank, post office, etc.
- ESCORT: providing transportation or accompanying a client (taxi, THE RIDE etc.) to medical/ personal appointments or shopping
- LIGHT HOUSEKEEPING: Surface cleaning, vacuuming, dusting, mopping, cleaning kitchen (counter stove top) bathroom (tub, toilet, sink), changing and making beds, taking out garbage
- HEAVY CHORE: Heavier housework; washing walls, ovens, defrosting freezer, moving furniture to vacuum or mop, washing windows.
- LAUNDRY: Washing, drying, folding, putting laundry away
 - ironing
 - hand laundering
 - laundromat
- COOKING: Preparation and clean-up.
 - Light meal preparation (breakfast, lunch; eggs, cereal, sandwich, soup, salad)
 - Full meal (dinner; meat, vegetables, etc.)
 - Kosher cooking
- COMPANIONSHIP: socialization for client, going for walks, respite for caregiver
- ODD JOBS
 - Organizing closets and cabinets
 - Gardening
 - Yardwork
 - Packing for a move
 - Snow shoveling
 - Organizing bills/papers

TRANSPORTATION

Do you have a driver's license? _____

If yes, license #: _____

Would you be willing to drive a client in their own car? _____
yes no

Do you have access to a car? _____
yes no

Would you be willing to use your car to escort a client to the doctor, store, hairdresser, etc.? _____

If yes, please fill in: _____
MAKE MODEL YEAR

OWNER'S NAME INSURANCE COMPANY POLICY#

Are you comfortable using ride-sharing (Uber/Lyft) services with a client? _____

WORK AVAILABILITY

How many hours TOTAL would you like to work per week? _____

Please indicate what hours during the day you are available to work: (For example: 8:00am-2:00pm)

Monday _____ Thursday _____ Sunday _____
Tuesday _____ Friday _____
Wednesday _____ Saturday _____

Are there days or times during the week that you are not available? If yes, list below:

Would you consider a 1 or 2 hour job? _____

Would you consider a one-time or short-term job? _____

FEE

The current rate is \$14 to \$16 an hour.

CLIENT PREFERENCES

Consider the following; male/female, smoking, pets (dogs, cats), health conditions such as incontinence, confusion, terminal illness or any other aspects about a potential client and answer the following questions:

Is there any client population that you would not be able to work with?

Do you have any preferences about the population of clients that you would like to work with?

I, _____ hereby represent and certify that all statements made by me on this application are true and accurate to the best of my knowledge and belief.

Date

Signature of Applicant

FOR OFFICE USE ONLY
