



TOWN OF ANDOVER MASSACHUSETTS

The Center at Punchard
36 Bartlet Street
Andover MA 01810
www.andoverseniorcenter.org

978.623.8320 (phone)

“SCRPT” FY19 **Senior Citizen Residential Property Tax Work-Off Program** *For New Participants*

The Town of Andover values the wealth of skills and knowledge possessed by its senior residents. The “SCRPT” program provides seniors the opportunity to share their skills in service to the community and receive a tax abatement on their property taxes. The success of the program depends on the co-coordinated efforts of the various town departments requesting services, the program co-coordinator who matches the volunteers, the Accounting office where payroll is processed, the Assessor’s office that administers the abatement process and the Treasurer’s office where payments are submitted.

The FY 18 program officially begins on July 1st, but placements will not begin until eligibility has been determined. We appreciate your cooperation in this process, which may take a few weeks. Attached are several pages that must be completed and returned **IN PERSON** to the Center at Punchard before **12:00 pm on July 30, 2018**. Submit the completed and signed application and CORI pages and please bring your license or other government issued ID with you. We strongly recommend that you call in advance to be sure a staff person (who can verify the CORI information) will be available to accept your packet.

Mandatory informational forums will be held at the Center on:

Wednesday June 20th at 9am, *this meeting will be held with all the town offices in involved- it is highly recommended you attend this meeting.*

Monday, July 9th at 1pm
Wednesday July 18th at 10am

ALL new participants in the program need to attend one of these meetings. Please register in advance for a meeting as seating is limited.

Thank you for your interest in the “SCRPT” program. I look forward to seeing you at one of the meetings.

Annamary Connor, Director
Andover Elder Services

Please save this page for your reference



“SCRPT”

SENIOR CITIZEN PROPERTY TAX WORK-OFF PROGRAM

JUNE/JULY MEETING ATTENDING: _____

Eligibility:

- Age 60+
- Must be the assessed owner of the property on which the tax is abated
- Property must be primary residence of applicant
- No income guidelines for first qualified owner
- No current town/school employees are eligible. This includes full time, part time, contract, substitute employees and/or those appointed to a board by the Town Manager.
- Second qualifying owner may earn exemption if they meet the need requirements
single: \$20,000 married: \$30,000/household

All Applicants must:

- Attend informational meeting at the Center at Punchard.
- Must contact the SCRPT Program Coordinator to discuss placement.
- Submit application to the Center by posted deadline.
Applications will be forwarded to Assessor’s Office to determine eligibility
- Commit to designated hours of service, as assigned by the SCRPT Program Coordinator, within the specified time frame
- Notify “SCRPT” Program Co-coordinator and work site supervisor of schedule changes and absences
- Complete time sheet and turn in to the Center Upon completion of 100 hours with appropriate supervisor’s authorization signature.
- Notify SCRPT Program Coordinator of any changes which affect eligibility, i.e. sale of property, inability to complete program requirements

Placements:

- **All** placements are made by the SCRPT Program Coordinator and are determined by matching applicant’s skills, interests and availability with job requests submitted
- Two week trial period prior to permanent placement, it is within the departments and participants purview to request an alternate placement with in the first two weeks.
- All time sheets must be signed by a town employee supervising the “scrpt” worker, time sheets must be submitted to the Senior Center upon completion of the 100 hours.

Time Frame:

- **Effective July 1, 2018 – June 30, 2019 for FY 19 tax bills**
- Applications must be submitted by **July 30, 2018 at 12:00 p.m. No Exceptions.**
- Informational forums: Wednesday June 20th at 9am, this meeting will be held with all the town offices in involved- it is highly recommended you may this meeting. On Monday July 9th at 1pm, Wednesday July 18th at 10am- these meetings are with the Director of Elder services.

For Additional Information:

- Contact SCRPT Program Coordinator at the Center at 978-623-8320.

Check List

- Submit application by 12 p.m. on July 30, 2018.**
- Complete CORI form (you must bring a government issued picture I.D. to the Center for identification).
- Complete permission for photograph, confidentiality agreement and medical information.
- Bring a copy of your most recent tax bill with your application.

Please save this page for your reference



TOWN OF ANDOVER
 SENIOR CITIZEN PROPERTY TAX WORK-OFF PROGRAM
 NEW "SCRPT" APPLICATION

M/L	_____
CORI	_____
Mtg	_____
Staff	_____
Office use only	

FY2019 Date: _____

Office use only: Meeting Dates (assign one): June 20th@10:00am _____ July 9th@1:00pm _____ July 18 th @10:00am _____		
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Name: Dr. Mr. Ms. Mrs. _____
 (Circle One) Last First Middle Initial
 Address _____ Andover, MA 01810
 Street Address and Mailing Address if different

Telephone _____ E-mail _____

Date of Birth _____ Cell phone: _____

Eligibility Requirements: Please answer all of the following:

- Over age 60+ _____ Yes _____ No
 - Owner of record _____ Yes _____ No
 - First qualifying owner _____ Yes _____ No
 - Primary residence _____ Yes _____ No
 - Prior participation _____ Yes _____ No
- If yes, list placement, job title/duties, supervisor and their contact information

Job skills, work experience, interests and hobbies: _____

Availability: Currently working? Yes No Do you travel? Yes No

- I am open to staying beyond my 100 hours I am unable to extend beyond my 100 hours

Interest in other Areas: Please Check.

<input type="checkbox"/> Schools	<input type="checkbox"/> Shawsheen	<input type="checkbox"/> Community Services	<input type="checkbox"/> Town Hall	<input type="checkbox"/> Other Town Dept.
<input type="checkbox"/> Andover High	<input type="checkbox"/> South	<input type="checkbox"/> Elder Services	<input type="checkbox"/> Town Hall Reception Desk	<input type="checkbox"/> Fire
<input type="checkbox"/> Bancroft	<input type="checkbox"/> West Elementary	<input type="checkbox"/> Recreation Services	<input type="checkbox"/> Clerk office	<input type="checkbox"/> Police
<input type="checkbox"/> Doherty Middle	<input type="checkbox"/> West Middle	<input type="checkbox"/> Veteran Services	<input type="checkbox"/> Town Manager's office	<input type="checkbox"/> Memorial Hall Library
<input type="checkbox"/> High Plain	<input type="checkbox"/> Wood Hill Middle	<input type="checkbox"/> Youth Services	<input type="checkbox"/> Public Health	<input type="checkbox"/> Collector /Treasurer
<input type="checkbox"/> Sanborn	<input type="checkbox"/> Human Resources		<input type="checkbox"/> Municipal Services	<input type="checkbox"/> Community Planning & Development



Volunteer Experience: Include previous placements through this program, if applicable.

Name of organization	Date	Address/Phone	Description of Duties
1. _____	_____	_____	_____
2. _____	_____	_____	_____

References: *Include: Name/Address/Telephone Number/Affiliation*

(Please do not use a relative as a reference)

1. _____

2. _____

Education: Name/Address Degree/Date Major/Course

High School _____

College _____

I authorize the Andover Council on Aging or the Town of Andover to investigate information from this application for the purpose of community service with "SCRPT", the Senior Citizen Property Tax Work-Off Program.

If accepted for community service with the Town of Andover, I agree to comply with the rules of the "SCRPT" Program. To the best of my knowledge, all information provided in this application is accurate.

Applicant's Signature

Date



“SCRPT”

SENIOR CITIZEN PROPERTY TAX WORK-OFF PROGRAM

Participation Agreement:

1. If selected as a participant in the Senior Citizen Property Tax Work-Off Program, **you will be responsible for notifying the Division of Elder Services in writing, of any changes affecting eligibility.**
2. Placement is determined by the SCRPT Program Coordinator by matching your skills with the available requests. There is a two week probation period.
3. **The hours of service must be completed within the specified time frame and turned in upon completion, you are responsible for tracking your hours.** You must tabulate the hours and have your sight supervisors sign off on the hours. It is your responsibility to work with your sight supervisors to complete your 100 hours at the assigned location. Hours are not cumulative and cannot be saved or carried over to the next fiscal year program cycle.
4. **Policy on Absenteeism:**
By participating in this program you have committed to complete a community service project within a prescribed time frame. If you are unable to complete the assignment due to repeated absences you may be removed from active participation. **All absences need to be reported to your supervisor. Any absence over 3 days should also be reported to the SCRPT Program Coordinator.**
5. All new applicants must fill out a CORI (Criminal Offender Record Information) as required by the Executive Office of Elder Affairs.
6. I understand that from time to time new rules may be added by the Town of Andover.
7. I have read and agree to the conditions of the “Confidentiality Statement” as it pertains to all work-related activities of this program.
8. I understand that my volunteer assignment must be approved by the SCRPT Program Coordinator **before** I start my hours. Hours worked do not count toward this program unless this approval has been received.

I have read the requirements for participation in the Senior Citizen Property Tax Work-Off Program as listed above. I agree to notify the “SCRPT” Program Coordinator as well as my work site supervisor in the event that I am unable to complete the assignment as agreed.

Signature

Date



Privacy and Confidentiality Agreement for The Center

I, _____, a volunteer/employee at the Andover Council on Aging (COA) have been informed about the Massachusetts COA privacy law, understand that the names, addresses, telephone numbers or other identifying information about elderly persons in the possession of the COA are not a public record.*

Any identifying information concerning elders in the possession of the COA cannot be given out on request to the public. Access to and storage of this information is subject to certain required procedures which must be followed in order to comply with the law. I am aware of and will follow these procedures.

Privacy and Confidentiality Agreement for Schools

It is the policy of Andover Public Schools to provide our employees and students with privacy and confidentiality with any information concerning any of our employees or students. In the course of your work, you may have access to confidential information about employees or students, and their families and/or personal business. School business information includes computer programs, software and supporting documentation, technological improvement plans, strategic plans, financial information and employee information (including but not limited to co-workers and their families). I will hold all confidential information of which I have knowledge in the truest confidence, as required by law. I agree to utilize confidential information obtained by me only for the benefit of the employee or student or in performance of my job responsibilities.

Unauthorized disclosure, copying and/or misuse of confidential information is a serious breach of duty and will result in disciplinary action up to and including termination of employment or contract with Andover Public Schools. Further, this agreement mandates compliance extending beyond employment, contract, or association with Andover Public Schools, as required by law.

Fraud Policy

Fraud is defined as a deception deliberately practiced to secure unlawful gain. The term includes such acts as: bribery, deception, embezzlement, extortion, false representation, forgery, the concealment of material facts, the misappropriation of money or assets and collusion or conspiracy to commit any or all of the above acts. The Town of Andover and the Andover Public Schools have a Zero Tolerance policy with regard to Fraud.

Source: Town of Andover, Anti-Fraud Policy, effective June 30, 2009

Conflict of Interest Policy

The **conflict of interest law** seeks to prevent conflicts between private interests and public duties, foster integrity in public service, and promote the public’s trust and confidence in that service by placing restrictions on what municipal employees may do on the job, after hours and after leaving public office. Such as concerning bribes, gifts and gratuities, misuse of position, self-dealing and nepotism, false claims and dispensing confidential information. This law applies to all municipal employees; paid or unpaid, including elected officials, volunteers, and consultants. MGL 268A-Conflict of Interest Law as Amended by c. 20, Acts of 2009

Authorization of Press/Photograph Release

I hereby authorize the possible release of my name and or photograph in descriptive material illustrating the “SCRPT” program and other activities at the Center at Punchard.

Signed: _____ Dated: _____
(Participant)

* An exception to this is the continuing responsibility of the COA to share personal information in protective services and elder at risk cases; share personal information if required as a condition of receiving a government contract, program grant or other benefit; or share personal information as otherwise required by law.



I understand and agree, with regard to my participation in the classes and/or activities of the Andover Council on Aging/ Center at Punchard/Boomer Venture that there are risks, both foreseeable and unpredictable, associated with any class or activity. I am aware of these risks and agree that my participation is at my own risk. I for myself, my heirs, executors and administrators hereby waive, release, forever discharge, and covenant not to sue the Town of Andover, Andover Council on Aging/Center at Punchard/BoomerVenture, their respective, officers, directors, employees, agents, members or volunteers (“the Releasees”) from any and all responsibility or liability for expenses or medical treatment or for compensation for any injury I may suffer during or resulting from my participation in the classes, programs or activities at the Andover Council on Aging/Center at Punchard/BoomerVenture or from the negligence, including the gross negligence of the Releasees. I do hereby, for myself, my heirs, executors and administrators, agree to forever waive, release, and forever discharge the Town of Andover, the Andover Council on Aging/Center at Punchard/BoomerVenture, and all of their employees, agents, board members, volunteers, and any and all individuals and organizations assisting in the programs of the Andover Council on Aging/Center at Punchard/BoomerVenture (collectively, “the Releasees”) from any and all claims, debts, demands, actions, suits, accounts, covenants, contracts, agreements, damages, rights of action and causes of action, including but not limited to negligence and gross negligence and any and all claims, demands, and liabilities whatsoever, of every name and nature, both in law and equity that may have arisen in the past, or may arise in the future, directly or indirectly, against the Releasees, or their heirs, executors or assigns, which I now have or ever had, and more especially on account of any and all claims arising out of or in any way connected to my participation in this program or in any future programs.

I furthermore agree to defend, indemnify and hold harmless the Releasees against any and all claims, damages, losses or expenses of whatever kind or nature which I may have or acquire arising out of or resulting from, directly or indirectly, my participation in the classes and programs, and to defend, indemnify and hold harmless the Releasees against any and all claims, damages, proceedings, losses or expenses of whatever kind or nature that the Releasees may have to pay or that may be asserted against the Releasees that arise directly or indirectly from my participation in the classes, activities and programs of the Andover Council on Aging/Center at Punchard/Boomer Venture, or from the negligence, including the gross negligence, of the Releasees.

I understand that this application will be valid for one year. I will reapply each year if I so choose to continue. It is my responsibility to attend a seminar meeting to learn about any changes to the program and the administration.

I agree to comply with the rules of the “SCRPT” Program, my previous full application remains intact with all previous consents. To the best of my knowledge, all information provided in this application is accurate.

Applicant’s Signature

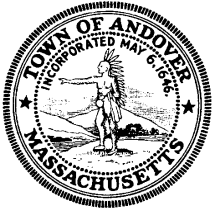
Date

Every Effort will be made to have the 100 hours be completed in primary location/assignment.

Staff Signature/Initial of Review

Date





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CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER,
SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

Town of Andover/Andover Public Schools is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to Town of Andover/Andover Public Schools to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Town of Andover/Andover Public Schools with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The Town of Andover/Andover Public Schools may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Town of Andover/Andover Public Schools must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

If you choose not to have a CORI check, your application will be withdrawn.

Please turn sheet over to complete the CORI form →





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CHAPTER 6, §172C CORI REQUEST FORM

Andover Council on Aging & The Center at Punchard has been certified by the Criminal History Systems Board for access to all the available criminal offender record information on the following individual from the Criminal History Systems Board pursuant to Chapter 6, §172C that mandates agencies which employ or accept as a volunteer or refer for employment any individual who will provide care, treatment, education, training, transportation, delivery of meals, instruction, counseling, supervision, recreation or other services in a home or in a community based setting for any elderly person or disabled person or who will have any direct or indirect contact with such elderly or disabled persons or access to such person's files shall obtain all available CORI from the Criminal History Systems Board prior to employing such individual, accepting such individual as a volunteer or referring such individual for employment.

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT CLEARLY)

_____ LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

_____ MAIDEN NAME (or other name(s) by which you have been known)

_____ DATE OF BIRTH _____ PLACE OF BIRTH _____

SEX: _____ RACE: _____ HEIGHT _____ ft. _____ in. EYE COLOR: _____

_____ MOTHER'S FULL MAIDEN NAME _____ FATHER'S FULL NAME _____

DRIVER'S LICENSE OR ID NUMBER: _____ STATE OF ISSUE: _____

LAST SIX DIGITS OF YOUR SOCIAL SECURITY NUMBER (required by the State): _____ - _____

CURRENT ADDRESS: _____
Street Number & Name Town State Zip

FORMER ADDRESS: _____
Street Number & Name City/Town State Zip

PLEASE DO NOT WRITE BELOW THIS LINE – FOR OFFICE US ONLY

The above information was verified by reviewing the following form(s) of government issued photographic identification:

REQUESTED BY: _____

SIGNATURE OF CORI AUTHORIZED EMPLOYEE

DATE

ACCEPT/DECLINE

