



TOWN OF BROOKLINE  
*Massachusetts*

**Council on Aging**

**At Brookline Senior Center**

Emily J. Williams, LICSW  
Director

93 Winchester Street  
Brookline, MA 02446  
617-730-2777  
Fax: 617-730-2761  
[www.brooklinema.gov](http://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**

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### ***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 multiple 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 \$20 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.

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**

Katie McClean, H.E.L.P. Coordinator – 617-730-2755

Anne Essaran, H.E.L.P. Counselor – 617-730-2754

\* 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:

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**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.)

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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 \$20 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**

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