



**Town of Weston
Massachusetts
Board of Selectmen**

Rules and Regulations for Weston Service Program for Seniors, Veterans and Disabled Adults

Pursuant to Article 6 of the warrant for the annual town meeting, May 10, 2004 the Board of Selectmen hereby adopts the following Rules and Regulations for the conduct of the Weston Service Program for Seniors, Veterans and Disabled Adults.

Filed in the office of the Town Clerk on _____ 2017 at _____ am/pm

Deborah M. Davenport
Town Clerk

Board of Selectmen
Supersedes Policy No. 2002-002
Eligibility for Senior Service Program

Date(s) Approved/Revised: December 14, 2004
August 23, 2005
August 8, 2006
August 25, 2009
June 12, 2017

Douglas P. Gillespie
Chair
Board of Selectmen

Effective: October 1, 2004
First Approved (\$500.00): July 1, 2001
Amended (\$750.00): October 29, 2002
Amended (\$1,000.00): December 14, 2004
Income Limit Increased: August 23, 2005
Income Limit Removed: August 8, 2006
Payroll Processing Revised: August 25, 2009
Rate per hour, total compensation, add Veterans and disabled adults: June 12, 2017

Policy – Weston Service Program

It shall be the policy of the Weston Board of Selectmen to provide an opportunity for certain persons over the age of 60, veterans, and disabled adults to provide services to the Town of Weston in exchange for compensation which is to be applied to the real property tax obligation of said person. This policy establishes the terms and conditions of this Weston Service program.

Eligibility

Participants in this program must be 60 years of age or older at the time services are provided to the Town, a veteran, or a disabled adult; be domiciled and reside in Weston; and be an owner of the property to which a reduction in real estate taxes may be granted. In the case of joint or multiple owners, each may be allowed to provide service, but the combined total reduction in dollars on a domicile shall not exceed \$1,100.00 per fiscal year unless a higher amount is approved in writing by the Town Manager.

An application substantially in the form accompanying these Rules and Regulations as Attachment A shall be filed by a taxpayer seeking to participate in the program. Said application must be filed each year the applicant wishes to participate in the Weston Service Program. Applications are due on June 1st of each year for priority consideration. Applications will be accepted after June 1st on a rolling basis as space allows but hours worked need to be completed by June 30th of the following calendar year.

A copy of the applicant's most recent federal income tax form shall be provided by an applicant as well as a copy of their property tax bill indicating they are the owner of the property. Priority consideration may be given to the applicant whose household income does not exceed \$60,000. And further, priority consideration may be given to the applicant whose combined assessed value of their real property owned by the taxpayer in the Town of Weston shall not exceed the average residential assessed value of the Town as provided by the Principal Assessor.

The administration of this program shall be under the direction of the Town Manager who may delegate selection and assignment of volunteers to the Director, Council on Aging, in consultation with the Director of Veterans Services.

Calculation of Tax Reduction

The hourly rate to be credited for service rendered to the Town shall be \$11.00 per hour; the total per household for all participants shall not exceed \$1,100.00 per fiscal year (100 hours).

Other Provisions

A. Treatment of Compensation

The amount of compensation the taxpayer receives under this program is considered income for purposes of state and federal income tax withholding, pension (OBRA) withholding, unemployment compensation and worker's compensation. Participants in this program agree to sign over payments, which will be applied to the participant's property tax bill.

B. Status of Weston Service Participants

Taxpayers performing services under this program are considered employees for purposes of municipal tort liability. Municipalities will therefore be liable for damages for injuries to third parties and for indemnification of the participant to the same extent as they are in the case of injuries caused by regular municipal employees.

C. Safety of Participants

For the mutual protection of the participant and the interests of the Town, no taxpayer shall be assigned to work for which he or she is not physically qualified. In case of doubt a doctor's certificate shall be obtained stating that the applicant is able to perform the duties to be assigned.

D. Payroll Processing

All applicants participating in this program should be directed to the Human Resources office to complete the necessary payroll and personnel forms.

ATTACHMENT A

**Town of Weston
Massachusetts**

Office of Selectmen

**Application for Weston Service Program
for Seniors, Veterans and Disabled Adults**

Name of Applicant _____ Tel: _____

Address: _____

PART A: Eligibility Requirements: Please answer all the following questions.

Over age 60.....	Yes	_____	No	_____
Disabled.....	Yes	_____	No	_____
Veteran.....	Yes	_____	No	_____
Homeowner or current spouse.....	Yes	_____	No	_____
Weston resident.....	Yes	_____	No	_____
Reside in property listed above.....	Yes	_____	No	_____

PART B: Please attach a copy of your most recent federal income tax return. All information shall be kept confidential by the Town. For personal security purposes, you may black-out your social security number.

PART C: Job placement would be available in a variety of town departments, please indicate in which areas you would like to work.

Town Hall	_____	Senior Center	_____
Schools	_____	Police	_____
Library	_____	Fire	_____
Dept of Public Works	_____	Other	_____
		No Preference	_____

Type of Work Interested In: _____

Part D: Please discuss past experience and types of skills which might qualify you as a participant in the program.

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ATTACHMENT A

Part E: Do you have any medical restrictions we should know about? Please explain.

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If I qualify for the Weston Service Program, I understand that I may earn a maximum of \$1,100.00, which I agree to sign over to the Town to be applied to my real estate property tax bill.

Signature _____ Date _____

FOR OFFICE USE ONLY

Disposition of Application:

Assessed Value of Property: \$ _____

Priority given based on Income yes _____ no _____

Granted

Denied

Placement _____

Indicate reason for denial _____

Pending placement location _____

Date _____

Town Manager or Designee _____

Date _____

Copy to: H.R. Office