

Volunteer Handbook

Mattapoisett Council on Aging Handbook for Mattapoisett Social and Wellness Center

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I. Overview

**TOWN OF MATTAPOISETT
COUNCIL ON AGING
P. O. BOX 528
17 Barstow Street
Mattapoisett, MA 02739**

Vanessa M.F. Williams, Ph.D.
Executive Director

PHONE: (508)758-4110
FAX: (508)758-4119

The mission of the Mattapoisett Council on Aging is to “identify the needs of elders in our community and provide appropriate programs and services to meet those needs. The Council is dedicated to this ideal by offering health, fitness, and nutrition programs, referral services, confidential legal and financial consultation as well as needed transportation. Our Center provides a comfortable environment for social and leisure activities.”

The structure of the COA consists of a full-time Executive Director, five part-time van drivers, one part-time activities scheduler and one part-time outreach worker. The COA is supported by an appointed Board of Directors consisting of eleven members who conduct an open meeting on the first Wednesday of each month at 8 am in the front conference room of the Center School.

Current programs and activities include:

1. Transportation for shopping, medical and educational purposes
2. Social events held both at the senior center as well as throughout the Southeastern New England area
3. Health and exercise programs
4. Nursing services held in conjunction with the Mattapoisett Public Health Nurse as well as other area agencies
5. PACE fuel assistance support
6. SHINE medical insurance and tax support
7. Durable medical equipment loan program
8. Outreach program including home visits to homebound seniors, connecting male seniors to the services provided by the COA, and coordinating the Mattapoisett portion of the Tri-town Friendly Visitors Program

The fully accessible senior center facility is located on the ground floor, in rooms C130 and C140 of the Center School, 17 Barstow St., Mattapoisett.

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Standard Guidelines for Participation In Mattapoisett Senior Center Activities

The Mattapoisett Senior Center follows the Standard Guidelines for Participation in Activities as outlined in the Americans with Disabilities Act (ADA).

The Mattapoisett Senior Center, under the auspices of the Town of Mattapoisett, Massachusetts, is not responsible for monitoring the activities of any individual participating in services or programs off the grounds of the center. All staff and visitors are to comply with Center Sign-In Procedures.

Under Section 25.1250 (P. (a)(3) from Section 504 of the Americans with Disabilities Act “a public entity is not required to take any action that would result in a fundamental alteration in the nature of its service, program, or activity...(Note: the decision around ‘fundamental alteration’ must be made at the department head level.)”

Section 36.303 (g) of the ADA states, “Public accommodations are not required to offer customers, clients or participants individually prescribed devices...or personal assistance in things such as eating, toileting, or dressing.”

Individuals wishing to participate in programs held at the Mattapoisset Senior Center should meet the following criteria in order to be considered appropriate for service provision:

- ~ Able to toilet themselves
- ~ Feed themselves
- ~ Be oriented to their current surroundings
- ~ Behave in a non-aggressive or non-disruptive manner
- ~ Desire to participate in a program or activity
- ~ Participate in a program or activity that is appropriate for them

Persons not meeting these criteria are welcome to participate in center activities but must be escorted at all times, for their own well-being. If the person being escorted attends a craft activity, the escort should be knowledgeable of the craft so that the instructor will not need to individually instruct the escort.

Senior Center Standards of Behavior 2007

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**Standards of Independence and Behavior
For Participation
In Mattapoisset Senior Center Activities**

Mattapoisset Senior Center programs are primarily designed for and targeted toward people aged sixty and older. Others may participate with Executive Director approval. The following are Standards of Independence and Behavior regarding Senior Center Attendance.

Participants at the Mattapoisset Senior Center must:

1. Provide the staff with the name and telephone number of a person to contact in case of an emergency. If a participant experiences a medical problem while on the premises, it is expected (but not mandatory) that the participant will follow the instructions and recommendations of Senior Center Staff, i.e. to seek appropriate medical attention.
2. Refrain from smoking, drinking alcohol or using illegal substances on the premises. Participants who are inebriated will be asked to leave immediately.
3. Take responsibility for their own personal care, including hygiene, toileting, continence and eating.
4. Be reasonably oriented, capable of independent decision making and capable of planning their own activities.
5. Avoid causing disturbances or disruptions, and to show respect for building facilities, COA vehicles, and personal property of others.
6. Be responsible for their own personal health and medical care, including the taking of medications, monitoring special diets, etc. Senior Center staff is not responsible for providing assistance with medication and other personal health and medical care.

Violence or threats of violence are not permitted and will result in the participant being asked to leave; possible permanent suspension of senior center privileges may result.

If any inappropriate behavior is witnessed or reported, the staff will use discretion to take corrective action, e.g. asking the participant to abstain from the inappropriate behavior, or if necessary, contact the police, doctor, ambulance or emergency contact person. Repeated violations may result in the participant being asked to leave; possible permanent suspension of senior center privileges may result.

If a patron experiences a mental health episode, but is otherwise capable of conforming to these standards, then reasonable accommodation requests will be considered.

Otherwise, permanent suspension may result.

If a participant cannot meet the required standards, staff is available to share resources and discuss options. The staff is committed to providing a welcoming atmosphere for as many community seniors as possible.

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**COA Sponsored Programs
Policies & Procedures**

Purpose of Policy:

To establish the policies and guidelines for the administration of COA sponsored programs.

Guidelines:

1. A program's fee, content, schedule, instructor, scheduled time, and all other facets of programming must be determined when program is initiated. The COA Executive Director must approve any changes to active programs before those changes are made.
2. The Executive Director has the right to cancel any program for any reason, including low enrollment or the well-being of clients. Program instructors will be consulted prior to a program's cancellation. The Executive Director also reserves the right to cancel activities on a particular day due to inclement weather or any other emergency.
3. Program instructors are responsible for obtaining completed consent forms or any other forms needed from their participants in the program. These forms should be submitted to the Council on Aging office where an active file will be maintained, Blank forms may be obtained from the COA office.
4. Changes to active programs require the approval of the COA Executive Director. Program instructors wishing to make changes should submit a written request to the Director a minimum of 10 days prior to the date the change is to take place. The request should contain a description of the changes to take place, a rationale, and a listing of any related benefits.
5. Program instructors are responsible for setting up their assigned program area prior to the scheduled event. Program instructors are also responsible for returning the area to its former condition once the class is completed.
6. The COA office is responsible for the maintenance of program attendance records. These records will be official records used to certify the number of attendees in each daily, weekly, or monthly program.
7. Program instructor are required to notify the Executive Director prior to the scheduled start time whenever the instructor is unable to conduct a session as scheduled.
8. All contact with the media, as well as press releases, regarding COA sponsored programs will be generated by the COA Executive Director. Any instructors who wish to promote their COA programs should advise the Director of the need for a press release.

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World Wide Web

Town Website

www.mattapoisett.net

Information regarding the Mattapoisett Council on Aging can be found on the World Wide Web on the Town of Mattapoisett's website. The website offers information including operating hours, listing of board members, summary of services offered and contact information.

Coastline Elderly Services, Inc.

www.coastline.networkofcare.org

Information regarding the services provided by the Mattapoisett Council on Aging are also listed on Coastline Elderly Services' Network of Care website. The website also offers information regarding a variety of other resources pertinent to elders and their families.

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Hi-Lines Newsletter

Senior Hi-Lines is the bi-monthly newsletter of the Mattapoisett Council on Aging. Newsletters are published by Senior Publishing and mailed to the Center where they are folded, labeled, counted and taken to the post office. Newsletters are normally mailed out 3-4 days prior to the end of the month.

The timeline for creating and mailing the newsletter is as such:

- One month, one week prior to mailing, draft of newsletter should be created and emailed to person formatting newsletter. Newsletter should then be formatted.
- One month prior to mailing, newsletter draft should be reviewed by as many people as possible, checking for typos, misspellings and other editing issues.
- Two weeks prior to mailing, the newsletter is due to the publisher for creation, set up and processing. An e-mail file should be created and sent to news@seniorpubs.com. The e-mail should be created in the order that articles and the layout will flow in the newsletter to insure minimal movement by the set-up people. Attach the Calendar of Events and a Birthday List of Residents over 75.
- A draft will be faxed for review within a few days. Have many people read and edit. Call in changes and order 1400 copies.
- Two weeks prior to mailing, request for check to post office should be submitted to town accountant.
- One week prior to mailing, the newsletter is due to us from the publisher. This allows us one week to fold and attach labels. The number of newsletters to be mailed should be counted and placed in post office containers.

II. Services

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~
SHINE

~
The SHINE Program, developed, funded and managed by the Massachusetts Executive Office of elder Affairs, is administered through local Councils on Aging to provide a network of volunteer health benefit counselors to ensure that Massachusetts elders have access to accurate information regarding health insurance options.

~~~~~ SHINE counselors are volunteers who receive extensive training in many areas of health benefits..~ They are trained and certified by the Executive Office of Elder Affairs.~ Counselors can assist elders in understanding their health insurance needs, help elders process health benefits claims, inform elders of their rights under Medicare, review present coverage to prevent elders from paying for unnecessary or duplicate coverage, and make referrals to various agencies when appropriate.

~~~~~ Many of us have problems reading and completely understanding the materials in the "Medicare & You 2007" handbook sent to every senior household each year in October.

~~~~~ Several Charitable Foundations have lent their support in funding a new WEB SITE to help each of us with questions about Medicare Services.~ The site for those with computers is:~ [WWW.medicarerights.org/help.html](http://WWW.medicarerights.org/help.html)

~~~~~ For seniors without home based computers , there are multiple computer stations available at the Mattapoisett Free Public Library, temporarily located at the Center School. For residents of other locations, check with your Council on Aging.

~~~~~ SHINE counseling is confidential and free of charge.~ To make an appointment to see~Robert Walter~- Mattapoisett Certified SHINE Councilor, call the Mattapoisett Council on Aging at 508.758.4110.

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## Outreach Program Information Sheet

### Mattapoissett Council on Aging

The mission of the COA is to identify the needs of the elders in our community and provide appropriate programs and services to meet those needs. The Council is dedicated to this ideal by offering health, fitness and nutrition programs, referral services, confidential legal and financial consultation as well as needed transportation. Our Social & Wellness Center provides a comfortable environment for social and leisure activities.

### The Outreach Program

The goal of the Outreach Program is to provide outreach and connectivity to Mattapoissett seniors. Outreach is provided on the telephone or through home visits, dependent upon the elder's needs. Through this program, the Mattapoissett COA seeks to maintain seniors' independence in the community by linking them with support resources and services.

**The Outreach Program is here to assist you in maintaining your independence.**

**There is never a charge for Outreach services.**

**Voluntary donations are accepted;**

**All donations are used to expand the Outreach Program's services.**

**This program is funded in part through a grant from Coastline Elderly Services, Inc. and the Executive Office of Elder Affairs.**

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## Outreach Consent Form

Permission is granted for the Mattapoissett Council on Aging to make referrals to other community agencies for my benefit.

Permission is also granted for these agencies to contact me in turn. I authorize the Mattapoissett Council on Aging to view, discuss, and secure any papers and information relevant to my case.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## Outreach Intake Form

Name: \_\_\_\_\_

| SERVICES:               | Currently Uses | Needs | Source & Date Referred |
|-------------------------|----------------|-------|------------------------|
| Blood Pressure Clinic   | _____          | _____ | _____                  |
| Enhanced 911            | _____          | _____ | _____                  |
| File of Life            | _____          | _____ | _____                  |
| Friendly Visitor/Church | _____          | _____ | _____                  |
| Home Health Aide        | _____          | _____ | _____                  |
| Homemaker               | _____          | _____ | _____                  |
| Life Line               | _____          | _____ | _____                  |
| Loan Closet             | _____          | _____ | _____                  |
| Meals on Wheels         | _____          | _____ | _____                  |
| Podiatry Clinic         | _____          | _____ | _____                  |
| Senior ID Card          | _____          | _____ | _____                  |
| Student Visiting Nurses | _____          | _____ | _____                  |
| Telephone Reassurance   | _____          | _____ | _____                  |
| Transportation          | _____          | _____ | _____                  |
| Other:                  | _____          | _____ | _____                  |

**INFORMATION NEEDED:**                      **Source & Date Referred**

Adult Day Care \_\_\_\_\_

Food Stamps \_\_\_\_\_

Fuel Assistance \_\_\_\_\_

Housing \_\_\_\_\_

Legal Assistance \_\_\_\_\_

MassHealth \_\_\_\_\_

Pharmacy Program \_\_\_\_\_

SHINE \_\_\_\_\_

Specialized Telephone \_\_\_\_\_

Tax Man Feb-Mar \_\_\_\_\_

Other: \_\_\_\_\_

**INTERESTS:**

|                         |                  |
|-------------------------|------------------|
| Art Classes             | Swimming         |
| Cards                   | Talking Books    |
| Delivered Library Books | Walking Club     |
| Exercise Classes        | Other Interests: |

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**Outreach Feedback Form**

Please take a few minutes to complete this form so that we may continue to better serve seniors and others within our community.

**Services Received:** \_\_\_\_\_

**Contact Person/Presenter:** \_\_\_\_\_

**How satisfied were you with this information/service:**

**Very Satisfied:** \_\_\_\_\_ **Somewhat Satisfied:** \_\_\_\_\_ **Not Satisfied:** \_\_\_\_\_

**Comments for improvement or change:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Suggestions for future services or activities:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If you wish to be contacted regarding your comments please include your name and telephone number:**

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**Thank you for taking the time to complete this survey. Please return your survey to the address above.**

**This agency and its programs are funded in part by a grant from Coastline Elderly Services, Inc. and the Massachusetts Office of Elder Affairs**

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Thank you for your interest in the Friendly Visitor Program! Enclosed please find the following forms for your review:

- ~ Tri-Town Councils on Aging Friendly Visitor Program Information Sheet
- ~ Friendly Visitor Job Description
- ~ Friendly Visitor Program Volunteer Application
- ~ CORI Form (Criminal History Systems Board)
- ~ Volunteer Service Agreement
- ~ Massachusetts COA Privacy Law of May 22, 2002

Please complete the application, CORI Form, and Volunteer Service Agreement and bring them with you to the training scheduled for Wednesday September 13<sup>th</sup> from 9:00 – 11:00 at the Rochester Senior Center, 66 Dexter Lane, Rochester, MA. A second day of training is also planned for Wednesday September 20<sup>th</sup> from 9:00 – 11:00. If you are unable to attend training please complete and return the forms to the Friendly Visitor Program at the Mattapoisett Senior Center, 17 Barstow Street, Mattapoisett, Ma 02739.

If you have any questions please call 508-758-4110, for directions to the Rochester Senior Center call 508-763-8723.

We look forward to meeting you!

Vanessa M.F. Williams, Ph.D.  
Mattapoisett COA Director

**TRI-TOWN COUNCILS ON AGING  
FRIENDLY VISITOR PROGRAM**

#### **Introduction**

The Friendly Visitor Program of the Marion, Mattapoisett and Rochester Councils On Aging seeks to maximize independence and enrich the quality of life for isolated seniors within the community. The program provides screened and trained volunteers to visit seniors in their homes. Visitors support seniors through weekly contact providing social support and a connection to the community. All volunteers and staff are screened through a CORI (Criminal History Systems Board) check.

#### **Volunteers**

Trained volunteers are matched with those seniors from Marion, Mattapoisett or Rochester who would appreciate and benefit from a friendly visit once a week. Volunteers are requested to donate a minimum of one hour a week and commit to the program for at least one year. Visits could include active listening, conversation, playing cards or games, reading or writing letters, etc.

#### **Clients**

People who are isolated, lonely, and have limited family or community support are identified through a variety of referral avenues including but are not limited to: self-identification, family, friends, plus community agencies and churches. The Friendly Visitor Coordinator interviews seniors for the program to assess needs and interests in order to provide an appropriate volunteer match. The coordinator also monitors the progress of the relationship and identifies any potential problems and solutions contributing to the independence and quality of life of the participants.

#### **Friendly Visitor Coordinator**

The Friendly Visitor Coordinator is responsible for directing the program which includes recruiting, screening, training, and the matching and monitoring volunteers. Volunteers can be matched with one or more isolated seniors with similar or complimentary interests. The Coordinator reports to the Tri Town COA Directors.

#### **Summary**

This program provides significant benefits to the people it serves, to the volunteers, and to the community. The clients can look forward to a weekly social visit

from a caring volunteer. The volunteers receive the reward of alleviating loneliness and providing support to an isolated senior. Volunteers also are rewarded through the growing social interaction with clients and the ensuing friendship. The community benefits through knowing that seniors will receive support and companionship increasing independence, safety and quality of life. If you are interested in becoming a volunteer or having a visitor, contact any of the COA Directors in your town.

*Friendly Visitor Program Overview July 2006*

**FRIENDLY VISITOR PROGRAM  
CLIENT APPLICATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Language Spoken: \_\_\_\_\_

Please list two emergency contacts (name and telephone number):

Best time to visit: \_\_\_\_\_

Do you have pets? Please list: \_\_\_\_\_

Do you have any allergies or sensitivities: \_\_\_\_\_

Do you smoke: ----- \_\_\_\_\_

Do you have a preference regarding a visit from a man or woman? Man \_\_\_ Woman \_\_\_

Would you consider visit from someone who smokes? Yes \_\_\_ No \_\_\_

Place a check next to the following activities that you want the visitor to do with you.

\_\_\_ cards      \_\_\_ puzzles      \_\_\_ word games      \_\_\_ games

\_\_\_ crossword puzzles      \_\_\_ knitting      \_\_\_ painting      \_\_\_ drawing

\_\_\_ writing letters      \_\_\_ listening to music      \_\_\_ baking      \_\_\_ cooking

\_\_\_ reading aloud      \_\_\_ trivia games      \_\_\_ art & crafts      \_\_\_ needle work

\_\_\_ applying make-up      \_\_\_ painting nails      \_\_\_ quilting      \_\_\_ gardening

\_\_\_ caring for indoor plants      Other: \_\_\_\_\_

All volunteers are subject to a successful CORI check.

To be completed by Council on Aging

Matched with: \_\_\_\_\_

Date: \_\_\_\_\_

Matched with: \_\_\_\_\_

Date: \_\_\_\_\_

Matched with: \_\_\_\_\_

Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

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**FISH Procedure**

When a client calls for transportation to the doctor or dentist:

- 1) Enter the client's name, address and telephone number, as well as the doctor's information, appointment date, time and address in the FISH book.
- 2) Call the FISH person of the day between 11-12 pm and provide all of the information regarding the client and the doctor. If the caller of the day is not available, contact the monthly coordinator and provide them with the client's and doctor's information.
- 3) If possible, do not give more than three (3) names to the FISH person per day. Leave the "date to FISH" box empty until the call information is actually provided to FISH.
- 4) If no calls are received on a particular day, call FISH and report that no rides are pending. Always check to see that the "Date to FISH" box is filled in. If not, provide outstanding ride requests on a four-a-day basis. Record dates in the "Date to FISH" box.
- 5) FISH will call the COA to provide the driver information as soon as possible. Record the driver's name beside the client's information in the FISH book.

**FISH CALLS**

Date call received:  
Client's Name: \_\_\_\_\_ Doctor/Dentist: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date & Time: \_\_\_\_\_

\_\_\_\_\_

Date to FISH & FISH Scheduler Name: \_\_\_\_\_

\_\_\_\_\_

FISH Driver: \_\_\_\_\_

Date call received:  
Client's Name: \_\_\_\_\_ Doctor/Dentist: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date & Time: \_\_\_\_\_

\_\_\_\_\_

Date to FISH & FISH Scheduler Name: \_\_\_\_\_

\_\_\_\_\_

FISH Driver: \_\_\_\_\_

Date call received:

Client's Name:

Doctor/Dentist:

Address:

Address:

Telephone Number:

Date & Time:

Date to FISH & FISH Scheduler Name:

FISH Driver:

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**Town Nurse**

The Town Nurse is available each Tuesday and Thursday from 9:30-11:30 am. The nurse's services are offered through the Mattapoisett Department of Public Health. These services include blood pressure screenings, flu clinics, health and nutritional information as well as other services.

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**Durable Medical Equipment General Release of Liability Form**

As a recipient of durable medical equipment from the Mattapoisett Council on Aging (COA), I release the COA and the Town of Mattapoisett from any and all liability pertaining to the use of this new or used equipment.

In addition, the COA does not guarantee, warrantee, or otherwise assume any liability, for the performance or lack thereof for any loaned equipment. Equipment shall be loaned at the recipient's discretion. The COA is not liable for recipient's use of misfitting, or inappropriately used, equipment (recipient should consult with physician or appropriate medical professional for such information).

Recipient's Name (Printed) \_\_\_\_\_

Telephone Number \_\_\_\_\_

Signature (or their representative) \_\_\_\_\_

Equipment Received \_\_\_\_\_

Date Removed from the COA \_\_\_\_\_

Date Returned to the COA \_\_\_\_\_

~A copy of the completed form should be given to the recipient; the original is to be kept on file at the COA~

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**Serve New England**

Serve New England, Inc. is a non-profit food cooperative that brings high quality, low-cost food items to the residents of New England. Serve New England serves individuals through its over 250 host sites throughout the region. The Mattapoisett Council on Aging is a host site, or chapter, of Serve New England. Thus, individuals may register for Serve at the COA office, the Mattapoisett Social and Wellness Center.

Serve New England, Inc., offers individuals who serve the community an opportunity to purchase groceries at 30-50% off retail grocery store prices by purchasing foods in large quantities and with very little paid man power.

**Ordering through Serve:**

Individuals may place a monthly order for Serve at the Mattapoisett Social and Wellness Center up until the deadline posted at the Center and in the newsletter. For an order to be placed, the individual must have paid for their order in full, including the mandatory one dollar donation per food package to assist in shipping costs. Individuals may also order online, using a credit card, and pick up the grocery packages at the COA at the designated time.

Individuals must pick up their orders on the Friday specified in the newsletter and at the Center. At this time, the individual must submit a form asserting that two hours of volunteer hours have been donated (unless volunteering through the COA. No orders will be held. Individuals may, however, make arrangements for someone else to pick up their order at the specified time. All orders not picked up will be given to volunteers at the end of the day. The COA does not have the resources to hold groceries overnight.

# III. Operations

**TOWN OF MATTAPOISETT  
COUNCIL ON AGING  
P. O. BOX 528  
17 Barstow Street  
Mattapoisett, MA 02739**

Vanessa M.F. Williams, Ph.D.  
EXECUTIVE DIRECTOR

PHONE: (508)758-4110  
FAX: (508)758-4119

**Scheduling Van Transportation  
--- Procedure ---**

Staff/volunteers scheduling the COA vans for medical transportation should follow the proceeding steps and procedures.

1. Check the van availability on the calendar located in the front pocket of the FISH book.  
DO NOT DOUBLE-BOOK VANS.
2. If a van is not scheduled on the date/time requested by the caller, write the information in the FISH book regarding the details of the ride (date, time, destination, etc.). Inform the client that someone will call back at a later time to confirm that appointment.

If the van is in use and not available, inform the caller that we are unable to assist them on this particular occasion. Scheduling occurs on a first come, first serve basis. Callers are encouraged to call as soon as possible for appointments out of the local area.

If we are unable to serve a client, clients can:

- 1) Call their case manager at Coastline Elderly Services, Inc in order to request Title III transportation.
  - 2) Call "Yellow Cab" and pay privately.
  - 3) Finally, if possible, appointment dates/times can be changed. Inform the client of the available days/times in the upcoming few weeks. Request that the client calls the physician as soon as possible in order to schedule with the COA soon (remember, open dates and times may not be available a few days later).
3. Write the destination and time on the wall calendar in the office. Do not write the client's name on the COA calendar due to privacy (HIPPA) concerns.

4. Call a driver with the requested date and time for the trip. Determine with the driver the appropriate pick-up time. Once the trip is confirmed, write the driver's name on the wall calendar and in the FISH book. Highlight the trip in the FISH book.

5. Call the client and inform them of the driver's name and pick-up time. If the client has been provided with driving or parking directions, please remind them to bring this information on the day of the trip.

NOTE: Wheelchairs riders and others are invited and encouraged to have a caregiver and/or other person accompany them on a medical trip. Drivers are able to assist clients getting on and off of the van and to/from the medical office. Drivers are not to accompany clients into the examination room and are not allowed to represent or speak for the client regarding medical or other such decisions.

**Voluntary donations are welcome and are used to support COA transportation and activities.**

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### **Mattapoisett COA Transportation Guidelines and Procedures**

- 1 All requests for transportation should be made through the COA office at 508-758-4110.
  - 2 All drivers carry cell phones for emergency and scheduling purposes.
  - 3 All vehicles are equipped with first aide kits, reflectors, blankets, and flashlights, etc.
  - 4 Cameras are located in all vehicles and are used to record any incidents of accidents.
  - 5 Emergency 24x7 road service is provided by Deans Auto and Tire Center.
  - 6 The Executive Director or their designee provides 24x7 management support.
- 7 In case of emergency/breakdown passenger transportation support is provided by other COA vehicles and partnering COA's.
  - 8 Passengers are expected to follow the drivers safety and other instructions.
  - 9 Passengers are expected to behave in a courteous and cooperative manner.
  - 10 Seat belts are required on all trips.
- 11 Drivers are to perform a pre-trip inspection and must report any safety/repair needs to the Director in writing as soon as possible.
  - 12 All passenger conflicts or other such occurrences must be reported to the Director as soon as possible.

*Transportation Policy 2006  
COA Board Approval: 3/7/06*

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## **Transportation Policy and Procedures**

The procedures listed below are in place to insure safe and enjoyable transportation for our clients.

- 1) **Stowing of walkers**, wheelchairs, and other durable medical equipment when not in use. All equipment must be secured at the back of the van with wheel chair restraint belts. Do not use bungee cords. Van aisles must remain clear of equipment and/or packages at all times for safety reasons.
- 2) **Confidentiality of Information**, as COA employees we have access to information regarding residents' private data and/or their medical conditions. Per HIPPA Guidelines we are charged with protecting the privacy and confidentiality of those we serve. Individual clients served, hospitals, and physicians visited, may be considered private information and should not be discussed in public settings. Please review, sign, and return to me the attached Confidentiality Policy.
- 3) **Disruptive Behavior**, as COA staff, van drivers are responsible for the safety and welfare of passengers during transportation. Any fowl language, physical violence, threatening behavior, or other such incidents which could impact the safety of the trip should immediately be reported to the Executive Director, or in her absence the Activities Scheduler. Passengers should also be encouraged to contact the Director with any concerns they may have regarding transportation.

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### **Transportation Seat Belt Policy**

The Mattapoisett Council on Aging strives to provide safe and timely transportation to Mattapoisett residents and all clients.

All passengers and drivers using transportation provided by the Council on Aging are required to wear seat belts at all times that the vehicles are in motion per Massachusetts State Law.

Drivers are required by law to report, in writing, any refusals to wear seat belts.

Please contact Vanessa M.F. Williams, Ph.D., Executive Director with any questions or concerns.

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### **Administrative Volunteer Procedure**

#### **Answering Telephones:**

All volunteers/staff should answer the phone: "Mattapoisett Council on Aging, this is (your name). How may I help you?"

If the caller does not identify his/herself, do not hesitate to ask who is calling.

#### **Checking Voice Messages:**

Periodically check voicemail messages throughout the day. Callers automatically sent to voicemail when line is busy. Directions for checking voicemail are located in the message log binder by the corded telephone.

When checking messages, be sure to log each message with date, time, and the caller's name as well as the nature of the call in the binder. After a message has been addressed (e.g., returned call to person leaving message, message delivered to appropriate person), place a check by the message in order to indicate that the message has been addressed.

#### **Receiving Faxes:**

When the fax alert sounds, be sure to collect the faxed document and deliver either to the appropriate person or, when in question, to the Executive Director.

#### **Fish Call Procedure:**

When a client calls for a ride to the doctor or dentist:

Enter the client's name, address and telephone number, as well as the day, date and time of the call in the FISH book. Finally, enter the appointment information including the doctor's name and location as well as the date and time of the appointment.

If ride requests have been called in, but no driver has been determined, at 11 am, call the FISH caller listed in the FISH book to request a ride for those listed. When the FISH caller responds, write the FISH driver's name in the appropriate space in the FISH book.

For more details, see the FISH section of the Handbook.

### **Activity Sign-up:**

When a client calls to sign up for an activity, find the activity binder for the appropriate day of the week which the activity is occurring. Find the appropriate activity list within the binder and list the client's name, address and telephone number. Highlight the client's name if the individual wants a ride. If no space is available on the sheet, you may create a waiting list for the activity in case space becomes available.

Refer any questions to the Executive Director  
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### **COA Front Desk Procedure**

#### **Procedure:**

- 1) Once the individual has been buzzed into the building, have them sign their name, time of entry, and purpose of visit into the COA book. Provide assistance as necessary.
- 2) Give each visitor an identification lanyard. Instruct them to wear the lanyard around their neck at all times while in the building. Direct individuals to the Social & Wellness Center.
- 3) Upon leaving, each visitor should return their lanyard and complete the time which they are leaving the building. Provide assistance as necessary.

#### **General Instructions:**

The sign-in sheet should be placed in the desk drawer when desk is unattended.

At the end of each day, the completed sheets should be removed from the book and placed in the COA office binder entitled, "COA Attendees Book".

At the end of each day, identification lanyards should be returned to the COA office and placed in the storage cabinet.

All visitors to the Town Nurse should sign in and follow the above procedure. Please note these visitors by placing an "N" alongside their names.

Refer any questions to the school principle or the COA Executive Director.

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## Routines

### II. Opening

- Set C.O.A. sign up outside door (display with nurse's announcement on Tuesdays & Thursdays)
- Turn on television .
- Turn on coffee maker, allowing coffee maker to warm up prior to making coffee
- Set-up for tea making
- Check, record & log answering machine messages
- Unlock file cabinet
- Turn on copier

### III. Daily

- Monday: Pick up 1 ½ dozen donuts, set up card table for Water Aerobics & Scrabble
- Tuesday: Pick up bread & pastry at Shipyard Galley, set-up nurse's sign-in book
- Wednesday: Pick up pastry *as needed*
- Thursday: Pick up pastry *as needed*, set-up nurse's sign-in book & card tables for Bridge
- Friday: Pick up pastry *as needed*

### III. Closing

- Turn off television, tea & coffee, unplug coffee maker and tea
- Clean coffee maker
- Be sure file cabinet is locked, keys placed in Director's desk
- Turn off lights
- Be sure doors are locked

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## Procedure for Signing Up for Activities, Events, Rides

If a visitor is interested in signing up for a particular event, activity or ride, the following procedure should be followed:

### I. Rides

- Individuals may schedule a ride to a medical appointment or activity either by calling or visiting the Center.
- Individual should speak with a staff member or volunteer. Individuals may NOT sign up without assistance
- Rides for medical appointments should be made at least 2 business days prior to appointment
- Rides for specific activities are available on a first come, first serve basis and may be scheduled during business hours until specified by staff
- No fee is required for the van though a small donation is suggested
- All clients are expected to follow all guidelines for behavior set forth in the *Behavioral Guidelines* portion of the handbook.

### II. Activities/Events

- Individuals may sign up for an activity or event either: (1) Until the event has reached enrolment capacity due to space or other limitations, (2) the required length of time needed to register has expired, or (3) the event has begun.
- Fees are charged for some activities. These fees include only the cost of the event and, in some cases, the cost of the van. The COA collects no fee for the event.

# IV. Volunteering

**TOWN OF MATTAPOISETT  
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## Volunteer Job Descriptions

### Front Desk Volunteer

*Description:* The Front Desk Volunteer is often the very first face-to-face contact a person has with the Mattapoisett Social and Wellness Center. Thus, it is important that these volunteers present the Center as inviting.

*Requirements:* Volunteers must have neat appearance, speak audibly for clients to hear and have the ability to sit for long periods of time.

*Duties:* Greets all visitors and requires that they sign in upon entering the building. Checks to be sure those signed in have appropriately designated the reason for their visit. Requires all visitors to sign out.

Supervision: Provided by the Executive Director or designated Staff.

### Administrative Volunteer

*Description:* The Administrative Volunteer is often the very first telephone contact a person has with the Mattapoisett Social and Wellness Center. Thus, it is important that these volunteers present the Center as inviting and active. Administrative Volunteers are often busy with multiple tasks including brewing fresh pots of coffee, greeting visitors, answering phones and performing other tasks as necessary.

*Requirements:* Volunteers must have neat appearance, speak audibly for clients to hear and the ability to work well with staff and clients alike.

*Duties:* Greets visitors and keeps fresh coffee and hot water for tea available to visitors. Answers phones and directs calls as appropriate. Assists clients in signing up for activities and refers clients, when appropriate, to staff. Assists in simple administrative tasks when necessary.

Supervision: Provided by the Executive Director or designated Staff.

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## Volunteer Rights & Responsibilities

### Volunteers have the right to.....

- .....a clear description of the job to be done
- .....be treated as a co-worker
- .....suitable and meaningful assignments
- .....know about the COA and its policies and programs
- .....in-service training, guidance and direction
- .....proper working conditions
- .....recognition and a variety of experiences
- .....be a valued part in planning and objective setting

### Volunteers have the responsibility to.....

- .....be considerate, respect others, work as a team
- .....accept assignments within their capabilities
- .....fulfill commitments
- .....follow guidelines and approved practices
- .....decline work where biases will interfere
- .....respect and observe confidences
- .....use time wisely and not interfere with the work of others
- .....communicate

## Mattapoisett Senior Work-off Abatement Program

**Purpose:** The Senior Work-Off Abatement Program is a program allowing the Town of Mattapoisett the opportunity to utilize the knowledge and skills of its senior residents in exchange for credit toward the resident's property tax bill. The purpose of the program is to enhance municipal services and alleviate senior residents' tax burden. A qualified resident will accrue the Commonwealth's minimum wage per hour (\$7.25/hr.) toward a maximum credit of \$750.00 per household during the fiscal



# V. Staff

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EXECUTIVE DIRECTOR

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## Outreach Specialist Position Description

**Title of Position:** Outreach Specialist

**Pay Rate:** \$11/hour, 10 hrs./week

**Title of Supervisor:** Executive Director

### **Brief Statement of Duties:**

In a collaborative team effort, the Outreach Specialist will work with other community, social service, religious, police and individuals to identify elders in need of services and help assist those identified elders in accessing the elder service network within the community.

### **Direct Services:**

1. Accept elder client referrals from various community agencies, organizations and/or individuals.
2. Meet or speak directly with individuals referred from the above stated agencies, etc in order to identify needs and facilitate access to the Council on Aging and other elder network services.
3. Consult with the Executive Director regarding the needs of elders and make suggestions for meeting the needs of the elders.
4. Provide advocacy on behalf of clients to ensure that needs are being met.
5. Provide information and referrals to/for clients in order to link them with appropriate resources and community agencies.
6. Make telephone calls and/or home visits in order to ensure that needs are being met.
7. Document identified needs and status by maintaining an up-to-date confidential client file.
8. Assist the Executive Director in maintaining the Mattapoisett portion of the Tri-Town Friendly Visitors Program by submitting all visitor reports to the Tri-Town Program Supervisor as well as to the Executive director.
9. Consistently work to recruit volunteers interested in participate as visitors in the Tri-Town Friendly Visitor Program.

### **Supervisory Responsibility:**

The Outreach Specialist will assist in the supervision of volunteer and/or paid staff as directed by the Executive Director.

### **Minimum Qualifications for the Position:**

1. Ability to perform work at the professional level requiring independent judgment, initiative, ingenuity, integrity & creativity.
2. Valid drivers license and vehicle.
3. Successful CORI check.
4. Sense of humor.
5. Working knowledge of the aspects of aging.
6. Basic knowledge of various social programs for seniors.
7. Ability to be sensitive to the needs of, and to deal tactfully, courteously, and harmoniously with seniors, volunteers and others.
8. Ability to react quickly and calmly in urgent situations.
9. Ability to maintain client confidentiality per HIPPA guidelines.
10. Computer literate.

### **Other:**

1. Willingness to attend appropriate trainings.
2. Willingness to attend and become certified in CPR/First Aid/AED.
3. All other duties as assigned by the Executive Director of the Council on Aging.

**Salary:**

\$ 11/hr, 10/week, dependent upon grant funding. Hours of work are flexible. Fringe benefits are not provided. Mileage expenses will be paid at .485 cents per mile.

**Note:** This position is dependent upon grant funding, and is subject to review and/or change on an annual basis.

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**Activities Scheduler Position Description**

**Title of Position:** Activities Scheduler

**Pay Rate:** \$11/hour, 10 hrs./week

**Title of Supervisor:** Executive Director

**Brief Statement of Duties:**

In a collaborative team effort, the Activities Scheduler will work with Council on Aging staff, volunteers and other individuals to coordinate activities and trips for the Mattapoisett Council on Aging.

**Direct Services:**

1. Accept client calls and inquiries regarding various COA activities via telephone and/or in person.
2. Answer questions regarding various Council on Aging schedules and events.
3. Record attendees on appropriate sign up sheets.
4. Consult, conference, and coordinate with the Director regarding activities, transportation needs and drivers' schedules.
5. Provide suggestions for improvement on behalf of clients to ensure that needs are being met.
6. Provide information to clients to link them to resources and community agencies as appropriate.
7. Make telephone calls and/or home visits to ensure that needs are being met.
8. Document identified needs and status by maintaining an up to date confidential client file.

**Supervisory Responsibility:**

The Activities Scheduler will assist in the supervision of volunteer and/or paid staff as directed by the Executive Director.

**Minimum Qualifications for the Position:**

1. Ability to perform work at the professional level requiring independent judgment, initiative, ingenuity, integrity & creativity.
2. Ability to perform multiple tasks, accurately, within a fast-paced "team work" environment.
3. Successful CORI check
4. Sense of humor
5. Working knowledge of the aspects of aging.
6. Working knowledge of various social programs for seniors
7. Ability to be sensitive to the needs of, and to deal tactfully, courteously, and harmoniously with seniors, volunteers and others.
8. Ability to react quickly and calmly in urgent situations.
9. Ability to maintain client confidentiality per HIPPA guidelines.
10. Ability to compile and calculate monthly transportation reports.

**Other:**

1. Willingness to attend appropriate trainings.
2. Willingness to attend and become certified in CPR/First Aid/AED.

3. All other duties as assigned by the Executive Director of the Council on Aging.

**Salary:**

\$ 11/hr, 10/week, dependent upon grant funding. Hours of work are flexible. Fringe benefits are not provided. Mileage expenses will be paid at .485 cents per mile.

**Note:** This position is dependent upon grant funding, and is subject to review and/or change on an annual basis.

# VI.

# Grievances

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## **Grievance Policy**

Any client who has been denied, or is dissatisfied, with services provided through the Mattapoisett Council on Aging should address the Executive Director as soon after the incident as possible. The Director will request that the client complete and sign an incident report form. The Director will review the form and, within 10 business days, follow-up with the client concerning the plan to be taken in addressing the issue.

The client has the opportunity to discuss the incident again with the Director if he or she does not believe the situation was adequately addressed. If, at this point, the client is unsatisfied with the outcome, the client should contact the Chairperson of the Council on Aging Board of Directors for more assistance.

Please note that all grievances pertaining to the Outreach Program should be addressed directly to Ann McCrillis at Coastline Elderly Services, Inc. (508.999.6400). See Outreach Program Grievance Policy for more details.

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## **Outreach Program Grievance Policy**

The Outreach Program of the Mattapoisett Council on Aging is funded, in part, by Title III grant funds distributed through Coastline Elderly Services, Inc. If you have been denied, or are dissatisfied with Title III Outreach Grant services, a grievance can be filed by contacting:

Ann McCrillis, AAA Planner  
Coastline Elderly Services, Inc.  
1646 Purchase Street  
New Bedford, MA 02740

Telephone: 508.999.6400  
Fax: 508.993.6510

# VII.

# Safety Information

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## Behavior Incident Policy

Mattapoisett Senior Center participants are expected to use acceptable forms of behavior, which do not infringe on the rights of others while using COA vehicles, or property.

- 0 Each person is expected to conduct him/herself in a courteous and cooperative manner.
- 0 Profanity is not permitted.
- 0 Confrontation resulting in the raising of the voice with another center participant is prohibited.
- 0 Confrontation with center personnel is prohibited.

Suggestions for program improvement and/or changes should be made to the director of the center by appointment only. The penalty for improper conduct, i.e., refusing to conform to the above, will result in the following:

FIRST OFFENSE- A meeting with the Senior Center Director will be called to review the acceptable behavior policy, with documentation signed by the participant stating he/she fully understands the policy.

SECOND OFFENSE- Senior Center property, activities and vehicles will be "off limits" for a period of one week.

THIRD OFFENSE- Senior Center property, activities, and vehicles will be "off limits" for an indefinite period of time as determined by a vote of the COA Board of Directors.

|                        |       |
|------------------------|-------|
| _____                  | _____ |
| COA Chairperson        | Date  |
| _____                  | _____ |
| COA Executive Director | Date  |

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## COA INCIDENT REPORT

Date and Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Name of Person(s) Involved: \_\_\_\_\_

Nature of Incident: \_\_\_\_\_

Describe injuries: \_\_\_\_\_

Disposition of Incident: \_\_\_\_\_

Witnesses: \_\_\_\_\_

Other Relevant Facts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person Submitting Report: \_\_\_\_\_  
\_\_\_\_\_  
Signature of Reporter      Date  
\_\_\_\_\_  
Signature of Injured Person      Date

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Mattapoisett Social and Wellness Center  
**Fire Exit Procedure**

**From any room in Center:**

- Proceed immediately to Church St. exits
- If necessary, proceed to elevator
- Proceed to the end of the pavement
- Do not re-enter until announced by Fire, School or COA administration

**Please note:**

- Everyone is required to exit during drill
- Exit as quickly and quietly as possible
- Persons at the front desk should exit through front door to join the group

Mattapoisett Social and Wellness Center  
**Lock Down Procedure**

**Visitors within the Center should:**

- **Close the doors immediately**
- **Draw all window shades in the room being occupied**
- **Retreat to an area of the room passersby in the hallway cannot see**
- **Ignore all phone calls**

**Please note:**

- All visitors should await an announcement from the principal before resuming activities

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## Emergency Food Packs

Emergency food packs are always available at the Mattapoisett Social and Wellness Center. These packages provide two days worth of sustenance for one individual. Multiple packages are available for couples or seniors living together.

Packages are provided for distribution by the Mattapoisett Social and Wellness Center through Coastline Elderly Services, Inc.

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## Driver Medical Release

As a driver for the Mattapoisett Council on Aging, \_\_\_\_\_ will typically be driving vans holding 9-14 passengers or fewer about \_\_\_\_ hours each week. The activities associated with being a driver involve:

- Being able to comfortably, alertly drive a van for a maximum of 1 ½ hours at an interval
- Having the ability to assist seniors or passengers with disabilities on and off of the van
- With proper training, being able to utilize the wheelchair lift to assist passengers with wheelchairs on and off of the lift

In an effort to protect the health of our driver, we ask that both the driver as well as the physician sign in agreement that \_\_\_\_\_ health does not limit him from safely participating in such activities.

Driver Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Physician Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date Received at COA: \_\_\_\_\_

Received by: \_\_\_\_\_

# VIII.

# Confidentiality

# Procedures

TOWN OF MATTAPOISETT  
COUNCIL ON AGING  
P. O. BOX 528  
17 Barstow Street  
Mattapoisett, MA 02739  
PHONE: (508)758-4110  
FAX: (508)758-4119

Vanessa M.F. Williams, Ph.D.  
EXECUTIVE DIRECTOR

## CORI Policy

The Mattapoisett Council on Aging requires CORI checks for all volunteer and paid staff pursuant to M.G.L. c.6, § 172C, which requires an agency to conduct a CORI check on volunteers and prospective employees who have particular duties and responsibilities relative to the elderly and/or disabled under specific conditions set forth in the law.

### *Practices and Procedures*

- I. CORI checks will only be conducted as authorized by CHSB. All applicants will be informed that a CORI check will be conducted.
- II. All personnel authorized to review CORI in the decision-making process will be thoroughly familiar with the educational materials made available by CHSB.
- III. Unless otherwise provided by law, a criminal record will not automatically disqualify an applicant. Rather, determinations of suitability based on CODI checks will be made consistent with this policy and any applicable law or regulations.
- IV. If a criminal record is received from CHSB, the authorized individual(s) will closely compare the record provided by the CHSB with the information on the CORI request form and any other identifying information provided by the applicant, to ensure the record relates to the applicant.
- V. If the Mattapoisett Council on Aging is inclined to make an adverse decision based on the results of the CORI check, the applicant will be notified immediately. The applicant shall be provided with a copy of the criminal record and the organization's CORI policy, advised of the part(s) of the record that make the individual unsuitable for the position or license, and given an opportunity to dispute the accuracy and relevance of the CORI record.

COA/CORI POLICY 2007

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## CORI Policy

- VI. Applicants challenging the accuracy of the policy shall be provided a copy of CHSB's *Information Concerning the Process on Correcting a Criminal Record*. If the CORI record provided does not exactly match the identification information provided by the applicant, the Mattapoisett Council on Aging will make a determination based upon a comparison of the CORI record and documents provided by the applicant. The Mattapoisett Council on Aging may contact CHSB and request a detailed search consistent with CHSB policy.
- VII. If the Mattapoisett Council on Aging reasonably believes the record belongs to the applicant and is accurate, based on the information as provided in section IV on this policy, then the determination of suitability for the position or license will be made. Unless otherwise provided by law, factors considered in determining suitability may include, but not be limited to the following:
  - (a) Relevance of the crime to the position sought;

- (b) The nature of the work to be performed;
- (c) Time since conviction;
- (d) Age of candidate at the time of the offense;
- (e) Seriousness and specific circumstances of the offense;
- (f) The number of offenses;
- (g) Whether the applicant has pending charges;
- (h) Any relevant evidence of rehabilitation or lack thereof;
- (i) Any other relevant information, including information submitted by the candidate or requested by the hiring authority

VIII. The Mattapoissett Council on Aging will notify the applicant of the decision and the basis of the decision in a timely manner.

COA/CORI POLICY 2007

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**CORI Request Form**

The Mattapoissett Council on Aging has been certified by the Criminal History Systems Board for access to all available criminal offender record information on the following individual from the Criminal History Systems Board pursuant to Chapter 6§172 C that mandates agencies which employ or accept 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 for 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)

\_\_\_\_\_  
Last Name                      First Name                      Middle Name

\_\_\_\_\_  
Maiden Name or Alias (If Applicable)                      Place of Birth

\_\_\_\_\_  
Date of Birth                      Social Security Number                      Mother's Maiden Name  
(Requested but not Required)

\_\_\_\_\_  
\_\_\_\_\_  
Current Address                      Former Address

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.                      Weight: \_\_\_\_\_                      Eye Color: \_\_\_\_\_

State Driver's License Number: \_\_\_\_\_

\*\*\*\*\*The above information was verified by reviewing the following form of government issued photographic identification: \_\_\_\_\_

Requested by: \_\_\_\_\_  
Signature of Authorized Employee

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EXECUTIVE DIRECTOR

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## Confidentiality Policy

Mattapoissett Council on Aging staff, volunteers and/or participants may have access to Protected Health Information (PHI) for seniors and others served through Council on Aging programming.

Protected Health Information (PHI) is defined as, “any information, whether oral or recorded in any form or medium: (I) that relates to the past, present, or future physical or mental condition of an individual; the provision of health care to an individual, and (II) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under HIPPA, including but not limited to, 45 CFR Section 164.501.”

I agree and intend to protect the privacy and confidentiality, and provide for the security, of all “Protected Health Information” (PHI) for all Mattapoissett seniors per the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (HIPPA), and regulations promulgated thereunder by the U.S. Department of Health and Human Services (collectively, HIPPA) and other applicable laws. In addition, information will not be used for research, for personal gain or for any other such purposes.

Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any questions regarding this policy should be directed to the Executive Director at 508.758.4110

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## Participant Release Form

As a participant in the program(s) offered through the Mattapoissett Council on Aging, I understand that I am able, accountable, and agreeable to participation as I deem appropriate in the below stated program:

Program Name: \_\_\_\_\_

Participant Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Vendor Confidentiality Policy**

**Per Mattapoissett Council on Aging Request:**

I agree and intend to protect the privacy and confidentiality, and provide for the security, of all "Protected Health Information" (PHI) for all Mattapoissett seniors per the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (HIPPA), and regulations promulgated thereunder by the U.S. Department of Health and Human Services (collectively, HIPPA) and other applicable laws. In addition, information will not be used for research, for personal gain or for any other such purposes.

Name (Printed): \_\_\_\_\_

Position/Title: \_\_\_\_\_

Agency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IX.**  
**Other Forms**

**TOWN OF MATTAPOISETT  
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EXECUTIVE DIRECTOR

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**Activity Sign-Up Sheet**

Date: \_\_\_\_\_

Activity: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Name

Address

Telephone

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.

## Incoming/Outgoing Call Log

 **telephone.jpg**

- 1. Activity Sign-Up**
- 2. FISH Call**
- 3. Bob Walter/ SHINE**



## Skilled Nursing Facilities

### Alden Court Skilled Nursing and Rehabilitation Center

Phone Number: (508) 991-8600

Address: 389 Alden Road~ Fairhaven~, MA~ 02719~

### Bedford Village

Phone Number: (508) 997-3358

Address: 9 Pope St~ New Bedford~, MA~ 02740~

### Brandon Woods of Dartmouth

Phone Number: (508) 304-4154

Address: 567 Dartmouth St.~ Dartmouth~, MA~ 02748~

### Brandon Woods of New Bedford (formerly Blaire House)

Phone Number: (508) 304-4154

Address: 397 County Street~ New Bedford~, MA~ 02740~

### Hallmark Nursing and Rehabilitation Center

Phone Number: (508) 997-7448

Address: 1123 Rockdale Ave~ New Bedford~, MA~ 02740~

### Hathaway Manor Extended Care

Phone Number: (508) 996-6763

Address: 863 Hathaway Rd~ New Bedford~, MA~ 02740~

### Island Terrace

Phone Number: (508) 947-0151

Address: 57 Long Point Road~ Lakeville~, MA~ 02347~

### New Bedford Jewish Convalescent Home

Phone Number: (508) 997-9314

Address: 200 Hawthorn Street~ New Bedford~, MA~ 02740~

### New Bedford Rehabilitation

Phone Number: (508) 996-4600

Address: 221 Fitzgerald Drive~ New Bedford~, MA~ 02745~

### Nichols House Nursing Home

Phone Number: (508) 997-3193

Address: 184 Main Street~ Fairhaven~, MA~ 02719~

### Our Lady's Haven

Phone Number: (508) 999-4561

Address: 4 Center Street~ Fairhaven~, MA~ 02719

### Sacred Heart Nursing Home

Phone Number: (508) 996-6751

Address: 359 Summer St.~ New Bedford~, MA~ 02740~

### Savoy Nursing and Rehabilitation Center

Phone Number: (508) 994-2400

Address: 670 County St.~ New Bedford~, MA~ 02740~

### Sippican Health Care

Phone Number: (508) 748-3830

Address: 15 Mill St.~ Marion~, MA~ 02738~

### Southeastern Massachusetts Health & Rehabilitation

Phone Number: (508) 998-1188

Address: 4586 Acushnet Ave~ New Bedford~, MA~ 02745~

### Taber Street Nursing and Rehabilitation Center

Phone Number: (508) 997-0791

Address: 19 Taber Street~ New Bedford~, MA~ 02740~

### The Oaks

Phone Number: (508) 998-7807

Address: 4525 Acushnet Ave,~ New Bedford~, MA~ 02745

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## Assisted Living Facilities

### Cedars Assisted Living

Phone Number: (508) 636-0590

Address: 628 Old Westport Road Dartmouth, Ma 02747

### Heritage at Dartmouth

Phone Number: (508) 992-8880

Address: 239 Cross Road Dartmouth, Ma 02747

### Landmark at Fall River

Phone Number: (508) 324-7960

Address: 400 Columbia Street Fall River, Ma 02721

### Sunrise Assisted Living of Dartmouth

Phone Number: (508) 999-0404

Address: 274 Slocum Road Dartmouth, Ma 02747

### Whalers Cove

Phone Number: (508) 997-2880

Address: 114 Riverside Avenue New Bedford, Ma 02746

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## Senior Housing Facilities

### Anthony Haven\*

Phone Number: (508) 993-1144  
Address: 227 Main Street~ Fairhaven~, MA~ 02719~

### Bayberry Estates\*

Phone Number: (508) 993-1965  
Address: 153 Oakdale Street~ New Bedford~, MA~ 02740~

### Car Barn\*

Phone Number: (508) 997-5484  
Address: 1959 Purchase Street~ New Bedford~, MA~ 02740~

### Dana Court\*

Phone Number: (508) 993-1144  
Address: 180 Adams Street~ Fairhaven~, MA~ 02719~

### Fairhaven Village\*

Phone Number: (508) 994-1908  
Address: 330 Main Street~ Fairhaven~, MA~ 02719~

### Monroe Terrace\*

Phone Number: (508) 994-1424  
Address: 1 Anderson Way~ Dartmouth~, MA~ 02714~

### Olympia Towers\*

Phone Number: (508) 997-1205  
Address: 651 Purchase Street~ New Bedford~, MA~ 02740~

### Oxford Terrace\*

Phone Number: (508) 993-1144  
Address: 275 Main Street~ Fairhaven~, MA~ 02719~

### Solemar Apartments\*

Phone Number: (508) 999-1830  
Address: 45 Sol-E-Mar Lane~ Dartmouth~, MA~ 02714~

### Taber Mill Apartments\*

Phone Number: (508) 996-3111  
Address: 217 Dean Street~ New Bedford~, MA~ 02746~

### The Crossroads\*

Phone Number: (508) 996-2970  
Address: 500 Crossroads Drive~ Dartmouth~, MA~ 02747~

### Wamsutta Apartments\*

Phone Number: (508) 991-5329  
Address: 172 State Street~ New Bedford~, MA~ 02740~

### King Village\*

Phone Number: (508) 992-7762  
Address: 276 Cottage Street~ New Bedford~, Ma~ 02740

### Carriage House at Acushnet Heights\*

Phone Number: (508) 993-0433  
Address: 1661 Purchase Street New Bedford, Ma 02740

### Buttonwood Acres Apartment Homes\*

Phone Number: (508) 999-7100  
Address: 50 Oesting Street~ New Bedford~, MA~ 02740~

### Rockdale West Apartments\*

Phone Number: (508) 996-8504  
Address: 42 West Hill Road~ New Bedford~, MA~ 02740~

### Joseph Grinnell Congregate Housing

Phone Number: (508) 993-2622  
Address: 379 County Street~ New Bedford~, MA~ 02740~  
This particular facility provides a shared living environment, which combines housing, in-home services and a mutually supportive social environment for older or disabled adults. Coastline Elderly Services, Inc. provides an on-site part-time residence coordinator who coordinates services for those who may need assistance with the daily activities of independent living. Services are available through Coastline or other organizations.

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## Home Health Aides

### Community Nurse & Hospice Care, Inc.

Phone Number: (508) 992-6278  
Address: 62 Center St.~ Fairhaven~, MA~ 02719~

### Personal Touch Home Care of South East Massachusetts Inc.

Phone Number: (508) 995-4242  
Address: 421 Faunce Corner Rd.~ North Dartmouth~, MA~ 02747~

### Southeastern Massachusetts Home Health Aides, Inc.

Phone Number: (508) 672-5519  
Address: 101 Morgan St.~ Fall River~, MA~ 02721~

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## Adult Day Programs

[Active Day of Fairhaven](#)

Phone Number: (508) 990-0607

Address: 40 Sconticut Neck Road~ Fairhaven~, MA~ 02719~

[Active Day of New Bedford](#)

Phone Number: (508) 998-8100

Address: 107 Welby Road~ New Bedford~, MA~ 02745~

[Capeway Adult Day Health Center](#)

Phone Number: (508) 985-9076

Address: 81 Welby Road~ New Bedford~, MA~ 02745~