

# **Mecosta County Commission On Aging Home Maintenance Program**

## **Policy and Procedures**

### **INTRODUCTION**

This document is designed to outline the procedures followed when coordinating a client's services, and to ensure that the client's needs are being met in a timely manner.

### **PURPOSE**

The purpose of this service is to provide residents of Mecosta County, age 55 or older, affordable assistance with minor Home Maintenance and repairs. It's also, an opportunity for retired service professionals to provide the work at a reduced rate.

### **MEMBERSHIPS**

**Consumer Members:** Are persons who meet the qualifying criteria that wish to join the program by completing an application and submitting it with a one time membership fee of \$20.00. The membership fee may be changed as determined by the board.

**Worker Members:** Are members who have joined the program as a worker, to make the repairs and perform the maintenance duties for the consumer members, and have agreed to the terms and guidelines of the program.

### **WORKER ELIGIBILITY**

To be eligible for the program a person must be over the age of 30 and a resident of Mecosta County. A person under the age of 30 may perform some of the duties or repairs under the supervision of a qualified worker.

### **RESPONSIBILITY**

#### **The Commission On Aging:**

- Will perform criminal background checks on all workers before they are admitted into the program.
- The Coordinator will make referrals to the appropriate worker.
- Will keep track of all Consumer Members and all referrals made to the workers.
- The Home Maintenance Program is a referral service only and does not assume any responsibility and cannot be held liable for work or services performed by any worker or worker's assistant.
- Will follow up on all jobs to make sure the consumer is satisfied with the work that was done, the time frame in which the work was completed and for any input that may help to improve the program.
- Reserves the right to discharge any workers who do not provide timely and quality service, or who is found to not abide by the rules and regulations of the program.

#### **Consumer Member:**

- Must be 55 years or older

- Must own and live in the home they are requesting the repairs on, and must have current homeowners insurance.
- Will pay a \$20.00 non refundable lifetime membership fee
- Understands the Home Maintenance Program is a referral service only and workers are not employees of the Commission On Aging and the Commission On Aging is not responsible for the manner or type of work done or any loss or damages resulting from the worker's service.
- Will call the office for each job they want done and not call the worker directly
- Must give Commission on Ageing at least 24 hour notice with request and worker will have 24 hours after request is made to respond to request. Commission on Aging and worker will make every effort to take care of emergencies.
- Is responsible for the cost of all materials, labor and mileage for worker
- Will pay the worker directly upon completion of the job, only sign after all paperwork filled out.
- Will notify the Home Maintenance Coordinator immediately if they are not satisfied with the work that has been provided.
- Understand that your homeowners insurance is responsible for any damages that may result from the work provided by the worker, or any injuries, damage or loss to the worker.
- Members who cancel their request must notify the office in advance or they will be billed \$10.00 if the worker shows up.

#### **Worker Member:**

- Shall apply to the Mecosta County Commission on Aging Home Maintenance Program by completing an application.
- Workers are subject to a probationary period lasting through completion of three (3) service assignments, and that any substantial complaint directed to the Home Maintenance Program Committee will result in an automatic removal from the program.
- Both workers and their assistant(s) must agree to abide by the hourly rate schedule and agree that the fee charge for the assistant(s) must not exceed the hourly rate schedule established by the committee.
- If the job requires two workers the Consumer Member must be informed of the additional charge before the work is started.
- Workers using their own equipment may add a \$5.00 charge to each job that the equipment is used. If a client has equipment, in good working order, for you to use and you prefer to use your own equipment you may not charge the client an additional fee.
- Agrees to inform the Coordinator if the consumer asks the worker to provide additional duties so a work order can be assigned.
- Will perform all duties in a prompt and professional manner.
- Understands that this is a referral service only and the Commission On Aging does not assume any responsibility and cannot be held liable for work or service performed by any worker or worker's assistant.
- The worker **agrees to give 10% of all labor fees** back to the Home Maintenance Program, in a timely manner please.

**MECOSTA COUNTY COMMISSION ON AGING  
HOME MAINTENANCE PROGRAM  
231-972-2884**

I wish to become a member of the *Home Maintenance Program* at the Mecosta County Commission on Aging. **I have read, understand and agree to abide by the terms, rules and regulation of the Home Maintenance Program Policy. I understand there is a \$20.00 non-refundable fee to join the Home Maintenance Program.**

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

SPOUSES NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ VETERAN: YES \_\_\_\_\_ NO \_\_\_\_\_ RACE: \_\_\_\_\_

MAILING ADDRESS (if different)

\_\_\_\_\_

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ SPOUSES DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

Emergency Contact Person, Relationship to you, and their Phone Number:

\_\_\_\_\_

PLEASE SIGN AND RETURN THIS PAGE ALONG WITH YOUR PAYMENT

\_\_\_\_\_  
Members Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouses Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coordinators Signature

\_\_\_\_\_  
Date