

**THE AGING AND LONG-TERM SERVICES DEPARTMENT
SENIOR EMPLOYMENT PROGRAMS
HOST AGENCY AGREEMENT**

THE AGREEMENT, entered into this _____ day of _____ by
and between the Aging and Long-Term Services Department hereinafter referred as
"ALTSD", and _____ hereinafter
Referred to as "HOST AGENCY".

THE AGING AND LONG-TERM SERVICES DEPARTMENT AGREES TO:

1. Maintain administrative and fiscal control over the program.
2. Provide training to supervisors and trainees on the rules and regulations of the program.
3. Communicate regularly with Host Agencies and conduct regular meetings for Host Agency staff regarding rules and policies.
4. Process the trainees' payroll.
5. Pay up to \$50.00 of the cost for a yearly physical exam if it is requested by the HOST AGENCY.
6. Conduct annual on-site visits to assess and monitor the program.
7. Recertify the eligibility of the trainee on an annual basis.

As a condition of the selection to be a Host Agency for the Senior Employment Program, the HOST AGENCY AGREES TO:

1. Make every effort to assist the trainee in obtaining unsubsidized employment and by employing the trainees if and an opening occurs for which the trainee is qualified.
2. Provide the trainee with the opportunity to learn job skills and to receive

training which will provide the skills necessary to obtain unsubsidized employment.

3. Provide time, if necessary, during the trainee's work schedule to attend trainee meetings.
4. Agree that all the Title V trainees will be rotated to another worksite or assignment at least once every two years. This rotation will provide the trainee different work experiences which are vital to making services choices which may arise in the future.
5. Ensure supervisors and trainees are available for annual on-site assessment and monitoring.
6. Develop a trainee task description for the trainee and adhere to that job description.
7. Establish a work schedule with the trainee, adhere to that schedule, send Written notice to ALTSD requesting any change, and obtain ALTSD approval prior to any change.
8. Assure that the trainee does not volunteer hours, and is offered no less than twenty (20) hour per week.
9. Provide the trainee with job-related orientation on a timely basis, day-to-day direct supervision, instruction, training, and supportive services and promptly notify the ALTSD of any changes in a trainee's designated supervisor.
10. Conduct an initial performance evaluation within 90 days of the trainee's hire date and submit a copy of the evaluation to the ALTSD within thirty

(days).

11. Conduct and annual evaluation of the trainee's job performance and submit a copy of the evaluation to ALTSD within thirty (30) days of the trainee's anniversary date.
12. Communicate regularly with the trainee regarding his/her job performance and document such communication in the trainee's personnel file. Both strengths and deficiencies should be documented.
13. Furnish any tools, equipment and supplies required by the trainee to perform his/her assignment with the HOST AGENCY.
14. Encourage such trainee to undergo a brief medical examination yearly and that a completed physical exam report form or waiver of the examination is submitted to the ALTSD within thirty (30) days after the exam. The Host Agency should assist the trainee, if necessary, to make arrangements for the examination.
15. Insure that if the ALTSD is being asked to pay for the cost of the exam that information regarding the medical provider, date of exam, and other appropriate information is transmitted to the ALTSD on a timely basis. Any costs of the exam exceeding \$50.00 will be the responsibility of the HOST AGENCY and will NOT be passed on to the trainee.
16. Provide trainees with a workplace that is safe, healthy and free of drugs and alcohol.
17. Report all on-the-job accidents by calling the ALTSD with twenty-four (24) hours, complete a written report of the accident and provide all

requested follow-ups.

18. Prepare and submit to the ALTSD time and attendance reports, which are accurate and up-to-date, on a timely basis.
19. Pay supplemental wages for all time worked by the trainee that is not expressly authorized by the ALTSD. Additional hours worked should be occasional and not regular.
20. Notify the ALTSD if it decides to offer supplemental wages or additional hours to a trainee. If a trainee's income exceeds eligibility guidelines because of supplemental wages paid by the HOST AGENCY, that position will immediately be removed from the HOST AGENCY and the trainee will be terminated.
21. Assure that work performed by the trainee does not displace or replace existing employees by reducing hours or employment benefits, or laying off employees. Also, the Host Agency agrees not to require the trainee to perform the work of persons on layoff.
22. Assure that the trainee is not subject to discrimination based on age, race, color, religion, sexual preference, gender identity, national origin, handicap, veteran status, political affiliation, or any other basis prohibited by law.
23. Notify the ALTSD of any changes that may affect the trainee's eligibility; i.e., marriage, eligibility for social security, changes in income or household size.
24. Attend the HOST AGENCY meeting(s) sponsored by the ALTSD.

25. Cooperate and coordinate with the ALTSD regarding any Older Worker initiatives, i.e., providing publicity in the community regarding the program and developing waiting lists of eligible applicants.
26. Attach a listing of worksites under the auspices of the HOST AGENCY where trainees could be placed. This listing is incorporated into this agreement by reference.

IT IS FURTHER UNDERSTOOD AND AGREED that the HOST AGENCY has no inherent right to the trainee and the ALTSD may reassign trainee and/or slots at any time according to the needs of the trainee and/or the ALTSD.

THIS AGREEMENT may be terminated or amended by either party within (30) calendar days by written notice to the other party.

Host Agency Authorized Official

Aging and Long-Term Services Official

Title

Title

Date

Date

Sworn to before me this _____ day of

Sworn to before me this _____ day of

_____ 20____.

_____ 20____.

Notary Public

Notary Public

My Commission Expires:

My Commission Expires:
