

Forms Used By Community Service Department

1. **COMMUNITY CARE MONITOR:** Free safety check service for Bay Village senior citizens. Senior is called automatically by telephone with a recorded message every morning, "Are you okay"? If person fails to answer the phone, computer will make two additional calls. After the third attempt, the name is printed out and a police officer will do what is necessary to check on the well being of the person. Applications are available on the City Hall literature rack and from the Community Services office, 440-899-3409. (***sample shown in this guide****)

2. **LOCK BOX PROGRAM:** The City of Bay Village is offering residents who subscribe to the Community Care Monitor or a Lifeline program a free lock box, which allows City emergency personnel quicker access to the home. The lock box eliminates the need for the resident to hide a key outside the home or to give a key to a neighbor. Emergency personnel will not have to break down doors or windows to gain access to the home.

For residents who are not on the Community Care Monitor or a Lifeline program but who have a medical condition which may require immediate medical assistance, lock boxes may be obtained for a \$25.00 installation fee.

The lock box is placed in an inconspicuous location by the front door and is installed by the Fire Department. Only Police and Fire Department officers have access to the lock box. It is used only during an emergency call to the home when no one is able to answer the door. The lock box is tamper resistant. Lock boxes are for emergency use only.

For more information about this program call the Community Services Department, 440-899-3409 or Fire Department at 440-871-1215. (***sample shown in this guide****)

3. **RENT-A-TEEN:** Teenagers, 13 to 19, are invited to sign up to be a Rent-a-Teen. Bay residents who need yard work, babysitters, pet sitters, and other odd jobs may call to get the names of teens available for hire. Applications available at Community Services office and on the City Hall literature rack. Applicants should hand deliver application to the office. Persons wanting to hire a teen should call 440-899-3409. (***sample shown in this guide****)

4. **HANDYMAN AND CAREGIVER SERVICE:** Persons wishing to be handymen or home caregivers may register with the Community Services office and be available for hire by Bay residents. Handymen do such things as yard work, home maintenance and other odd jobs. Caregivers would be available to do childcare and/or elder and handicapped care as well as be homemakers. This is a referral service only. The Community Services office does not set fees or supervise the work. Applicants for workers are available at the Community

Services Office, 300 Bryson Lane, during regular business hours (8:30 A.M. – 4:30 P.M. weekdays). (***sample shown in this guide***)

5. **GOLDEN BUCKEYE CARDS:** Golden Buckeye Card applications may be filed at the Community Services officer during regular business hours (8:30 A.M. – 4:30 P.M. weekdays). Anyone 60 years old or older is eligible for the card that gives discounts at many stores and restaurants. Proof of age must be presented.

6. **HOMESTEAD EXEMPTION:** Homeowners 65 years or older or who are disabled whose annual gross income is \$24,700 or less may apply for a reduction of their property taxes. Applications must be filed between January 1 and the first Monday in June. Those receiving Homestead Exemption also receive a \$5.00 reduction in their Bay Village sewer rental fee. Applications are available at the Community Service office, the City Hall literature rack or from the County Auditor's office.

7. **HOME ENERGY ASSISTANCE, EMERGENCY HEAP, ENERGY CREDITS, AND WATER RATE DISCOUNT:** Applications for these programs for low-income residents are available at the Community Service Department during regular business hours. (***sample shown in this guide***)

8. **BAY SENIOR TRANSPORTATION:** Persons 60 or older or who are disabled are eligible to use senior transportation services. To register to use transportation services, call the Community Services office during regular business hours. First time riders need to be pre-registered. Information needed is: Medicare numbers, name and phone numbers of physician, medical information, name and phone number of someone to call in an emergency. Registration can be done over the phone. Call 440-899-3410.



Dwyer Memorial Senior Center and Community Service Office

"Community Care Monitor"

The City of Bay Village, on behalf of our Senior Citizens, has a program entitled "Community Care Monitor". This is a free service available to our seniors upon their request.

Each day, beginning at 8:30 a.m., the senior citizen will be called automatically by telephone with a recorded message "ARE YOU OK"? Should the person fail to answer the phone, the computer will make two additional calls at five-minute intervals. After the third attempt, the name of the person and telephone number will be printed out. The "Community Care" worksheet (the form filled out when registering for the program) will then be consulted and the person listed in the "Emergency Notification" will be contacted and asked if there is any reason the person would not be answering the phone.

Special note: Answering machines nullify the usefulness of this system and should not be used.

However, if a subscriber plans to be away from home during their normal call-up time, we request they advise dispatch by calling 871-1234.

After all avenues have been exhausted, a police officer will then perform an "on site" investigation and carry out all necessary functions for the safety and well-being of this individual.

This program reassures the senior citizens and their families that the City of Bay Village is concerned for their welfare. It gives them peace of mind that should they become ill, someone will be aware of their inability to get to a phone for help.

If additional information is required, please do not hesitate to call the Bay Village Police Dept. at 871-1234 or the Dept. of Community Services at 899-3409.

**CITY OF BAY VILLAGE
COMMUNITY CARE MONITOR**

Subscriber's Phone Number

(Calling will begin at 8:30 A.M.)

Name: _____ Birthdate: _____

Address: _____

Doctor's Name: _____ Phone: _____

Clergy's Name: _____ Phone: _____

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Phone: _____

Address: _____

NEXT OF KIN:

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

Key in Lock Box: Yes No *As a Community Care Monitor client you may have a lock box installed by the Fire Department at no cost.

Key Holder: _____ Phone: _____

Address: _____

Do you have a car? Yes No If yes, what make and color?

Please complete the Reverse Side of this Form...

Pets: ___ Yes ___ No

Type and Location: _____

Live Alone ___ Yes ___ No

Co-Residents: _____

MEDICAL HISTORY

Able to Walk: ___ Yes ___ No

Physical Impairments: _____

Are you taking any medication? ___ Yes ___ No

List medication(s): _____

REMARKS

Special Note: Answering machines nullify the usefulness of this system and should not be used.

In consideration of my participation in the Community Care Monitor System, I hereby waive and relinquish any and all claims, demands, and/or causes of action whatsoever against the City of Bay Village and any and all individuals associated with this service, their representatives, successors and assigns. I further waive all claims, demands, and/or causes of action as above spelled out against any person or persons responding to a call generated by this service. I understand this is a community service provided by the City of Bay Village and in no way makes the City or its representatives responsible for my welfare. I also understand this service may be terminated at any time without notice.

Signed: _____ Date: _____

Mail completed form to:

Bay Village Police Department
27214 Wolf Road
Bay Village, OH 44140
Att: Community Care Monitor

Lock Box Program
Bay Village Fire Department
28100 Wolf Rd.
440-871-1215

Emergency Information

The following information will be kept on file with the Fire and Police Departments as well as in your lock box to assist us in responding to your emergency requests.

NAME _____ BIRTHDATE _____

ADDRESS _____ PHONE _____

EMERGENCY CONTACTS: Name / Address / Phone # / Relationship

1. _____

2. _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

ALLERGIES: _____

DOCTOR _____ PHONE _____

HOSPITAL PREFERENCE: Lakewood ___ Fairview ___ SJWS _____

PETS (Type & Name) _____

CAR (Type & Color) _____

Are you on the Community Care Monitor? __, A Lifeline Program? _____

The undersigned hereby authorizes the City of Bay Village to install a lock box at a location determined by the City. The undersigned further grants permission and allows access into the home in case of emergency as determined by the City of Bay Village.

Signature

Date

**RENT-A-TEEN
PROGRAM REGISTRATION**
Bay Village Dept. of Community Services
300 Bryson Lane, 899-3409

Registration Date _____

File # (office use) _____

Name: _____

Sex: ___ **Birthdate:** _____ **Age:** _____

Address: _____

Phone: _____

School: _____ **Grade:** _____

Graduation Year: _____

Job Interests: (check all that interest you)

Yard Work

- Mowing Lawns
- Raking Leaves
- Snow Removal
- Gardening/weeding

Home Help

- Babysitting
- Pet Sitting
- Housecleaning
- Sit with elderly/handicapped
- Errands

Odd Jobs

- Clean garages, basements, etc.
- Wash windows
- Clean gutters
- Moving
- Painting
- Minor Carpentry

Other

List any special skills or interests you would like to use on a job.

Equipment: List any tools or equipment that you can provide. Examples would be lawn mowers, snow blowers, ladders, etc. _____

Times Available:

Weekdays _____ Saturday _____ Sunday _____ Evenings _____

Are you available to work anywhere in Bay Village? _____ or, prefer to work in own neighborhood? _____

Work

Experience: _____

**Bay Village Department of Community Services
HANDYMAN INFORMATION**

NAME _____

ADDRESS _____ PHONE _____

YARD WORK

HOME MAINTENANCE

____ Mowing

____ Plumbing Repairs

____ Raking

____ Electrical Repairs

____ Snow Removal

____ Painting

____ Shovel

____ Gutters Cleaned

____ Snow Blower

____ Windows Washed

____ Plow

____ Storm Windows

____ Gardening

____ Carpentry

ODD JOBS

EQUIPMENT AVAILABLE

____ Moving

____ Ladders

____ Cleaning

____ Mowers

____ Plumbing Tools

____ Gardening Tools

TIMES AVAILABLE _____

DESIRED SALARY RANGE _____

SPECIAL SKILLS OR INTERESTS _____

WORK EXPERIENCE _____

DATE _____ SIGNATURE _____

**DEPARTMENT OF COMMUNITY SERVICES
CITY OF BAY VILLAGE**

CAREGIVER'S REFERRAL INFORMATION

Date: _____

Name: _____ **Phone:** _____

Address: _____ **City/Zip** _____

Referral Information: Check all that apply

Child Care: Full time my home Full time client's home
 Part time my home Part time client's home
 Available for overnight Vacation stays

Salary per hour _____

Handicapped / Elder Care:

Full time Part time Available weekends/evenings
 Vacation Stays Live-in Available for overnight

Salary per hour _____

Homemaker: Companion Cook Clean
 Errands Hair Care

Salary per hour _____

Present Availability: Days and Hours you are currently available. _____

BACKGROUND INFORMATION:

Training which applies to areas of employment interests:

First Aid CPR Home Health Aid

Other, please list _____

Education, last year of school attended _____

List any certification _____

Employment History (list most recent first)

References: _____

**Please Return to: City of Bay Village
Department of Community Services
300 Bryson Lane
Bay Village, OH 44140**

A PERSONAL INTERVIEW IS REQUIRED FOR FIRST TIME FILERS.

440-899-3409

CITY OF BAY VILLAGE

Dept. of Community Services
300 Bryson Lane
899-3409

ASSISTANCE PROGRAMS FOR LOW INCOME RESIDENTS

Home Weatherization	Page 1
H.E.A.P.	Page 2
Emergency H.E.A.P.	Page 2
Percentage of Income.....	Page 3
Energy Credits	Page 3
Food Stamps.....	Page 4
Bay Food Ministry	Page 4
Water Rate Discount.....	Page 5
Homestead Exemption	Page 5
Housing Rehabilitation	Page 6
Medicaid	Page 6
North Coast Medical Center	Page 7
Well Child Clinic	Page 8
Displaced Homemaker	Page 8
Telephone Assistance	Page 9

Home Weatherization Program

Administrator: Cuyahoga County Division of Community Development for
the Ohio Department of Development 443-7260

Eligibility Requirements: Gross income 150% of poverty level

1 person - \$12,885

2 persons - \$17,415

4 persons - \$24,475

Program Benefits: Heating unit inspection/tune-up, caulking, weather-stripping,
prime window and door replacement, water heater insulation
and venting, floor insulation duct and sidewall insulation,
storm windows. \$560-\$700 of materials per qualifying
dwelling unit. Renters may apply with the approval of their
landlords.

Application: Apply anytime.
Applications available, Dept. of Community Services, City
Hall or call Dept. of Community Development, 443-7260.

Home Energy Assistance Program (H.E.A.P.)

Administrator: State Department of Development for the Federal Government

Eligibility Requirements: Gross income 150% of poverty level
1 person - \$12,885
2 persons - \$17,415
3 persons - \$21,945

Program Benefits: Amount of assistance depends on income.
Pays portion of heating bill for December, January, February. Receive direct credit on gas account.

Application: September 1 thru January 31
Applications available, Dept. of Community Services, City Hall literature racks September thru January.

NOTE: Gross income, for all these programs, includes wages, interest dividends, annuities, pensions, social security, alimony, child support, veterans benefits, etc. The only excluded income is income earned by dependent minors under age 18, food stamps, tax returns and rebates, work expenses of the blind.

Emergency H.E.A.P.

Administrator: Council for Economic Opportunities (CEO)

Eligibility Requirements: Must have received shut off notice or need furnace repairs. Proof of income for 3-12 month period required.

Program Benefits: Assistance will be minimum amount to insure 30 days of heat, not to exceed \$200.00 -- once during heating season.
Must enroll in Percentage Income Plan.

Application: Call Warmline 589-9292
Call 696-9077, Council for Economic Opportunities, for nearest intake office.

Percentage of Income Plan (P.I.P)

Administrator: Columbia Gas Co., East Ohio Gas Co., and C.E.I.

Eligibility Requirements: Have to apply to H.E.A.P.

Income 150% of poverty level

1 person - \$12,885 3 persons - \$21,945
2 persons - \$17,415 4 persons - \$26,475

Program Benefits: Applicant will not be required to pay more than 15% of monthly income for gas and electricity during heating season. Applicant still responsible for balance however.

Application: C.E.I. - 861-9000
Columbia Gas - 243-1000
C.E.O. - 589-9292

Food Stamps

Administrator: Cuyahoga County Human Services Department.

Eligibility Requirements: Income eligibility depends upon household size. County Welfare Dept. can give highest monthly income limits. Amounts may change every July 1. Value of your home, personal belongings, life insurance policies and certain vehicles are not counted in determining eligibility.

Program Benefits: Food stamps to purchase food.

Application: Department of Human Services
1641 Payne Ave
987-6791

Bay Food Ministry

Administrator: Bay Presbyterian Church
25415 Lake Rd.
Bay Village
440-871-1503 Ext. 126

Eligibility Requirements: Be in need of food due to unemployment, underemployment, inadequate public assistance, reduction or loss of food stamps, inadequate Social Security benefits, or other financial difficulties.
Bay Village resident or member of Bay Presbyterian Church community.

Program Benefits: Three or four day supply of food once a month as needed. Distribution on last Friday on the month between noon and 2:30 p.m.

Application: Call Church 871-1503, Ext. 126 (answering machine) one week before distribution date. Leave name and phone number and Food Ministry staff will contact you. Bring proof of residency.

Water Rate Discount

Administrator: Cleveland Water Department

Eligibility Requirements: 65 or older or totally disabled.

Income from all sources for applicant and spouse may not exceed \$24,100 for previous year.

Water bill must be in applicant or spouse's name.

Program Benefits: Special rate to March 31.

Application: Apply anytime.

Applications available, Dept. of Community Services.

Homestead Exemption

Administrator: County Auditor.

Eligibility Requirements: 65 years of age during filing year.

Own the home and live in it.

Income of \$24,100 or less per year.

or

100% totally and permanently disable-certified by physician.

Own home and live in it.

Total income of \$24,100 or less per year.

Program Benefits: A real property tax reduction.

Application: January thru 1st Monday in June.

Applications available, Dept. of Community Services.

City Hall literature rack January thru June

or call County Auditor, 443-7050

Housing Rehabilitation Loan Program

Administrator: Dept. of Community Development, Cuyahoga County.

Eligibility Requirement: Own your own home.

Income eligibility varies with type of loan program.

Program Benefits: Eligible low and moderate income homeowners are able to make basic home improvements using money loaned at below

market interest rates. Depending on income, some homeowners will be eligible for deferred payment loans.

Brochure available with eligible projects and procedures.

Application: Apply anytime.
Call Community Development, 443-7260.

Medicaid

Administrator: Cuyahoga County Human Services Department.

Eligibility Requirements: As determined by the State of Ohio

Program Benefits: Medical Coverage.

Application: Department of Human Services
3955 Euclid Avenue
Cleveland 44115
987-6791 / 987-7075

North Coast Medical Center

Administrator: Non-profit corporation of volunteers from area churches

Eligibility Requirements: Gross income of 150% of poverty level
(Same as for H.E.A.P.)
No medical insurance coverage
No government medical assistance
Appointments are necessary

Program Benefits: Free medical care. Operates part time at two locations.

Madison Square Medical Center
Suite 204
15644 Madison
Lakewood
General Clinic

Mondays and Thursdays
7:00 - 9:30 P.M.

Children's Clinic
Thursdays
1:00 to 4:00 P.M.

St. John and West Shore Hospital

Medical Arts Building #2, Room 240
29000 Center Ridge Road
Westlake

General Clinic
Tuesdays 7:00 - 9:30 P.M.

Special evening hours for gynecology and pediatrics

No syringes or narcotics are stored on the premises.

Application: Call 228-7878, weekdays 9:30 - 4:00 for an appointment.

Well Child Clinic

Administrator: Cuyahoga County Board of Health

Eligibility Requirements: Available to all children who reside in Bay Village as well as others under the jurisdiction of the Cuyahoga Co. Board of Health.

Program Benefits: Services for pre-school age children include immunizations required for attending school, health assessments, monitoring of growth and development, and guidance to parents of young children. School age children up to age 18 may receive only required immunizations to attend school.

Application: Appointments necessary.
Call Cuyahoga Co. Board of Health, 443-5660
Meets at St. John West Shore Hospital
9:00 - 3:30 Every Friday
Immunizations \$8

Telephone Assistance Plan

Universal Service Assistance

Administrator: Ameritech

Eligibility Requirements:

Live in the Ameritech service area and be receiving aid from one of the following programs: (H.E.A.P.) Home Energy Assistance, Ohio Energy Credits, Medicaid, SSI, Section 8 Federal Public Housing, Food Stamps, Ohio Works First, Disability Assistance.

Program Benefits:

Monthly discount on phone bill.
Free installation, free touch-tone, free call-blocking, payment arrangements on outstanding bills.
Application: Apply anytime. Call 1-800-335-8721.

School Lunch Program

Administrator: Child Nutrition Services, Bay Village Schools

Eligibility Requirements:

If family receives food stamps or OWF for child or if meet income guidelines.

2 person household - \$21,479

3 person household - \$27,066

4 person household - \$32,653

5 person household - \$38,240

6 person household - \$43,827

7 person household - \$49,414

8 person household - \$55,001

Program Benefits: Free or reduced cost meals depending upon income level.

Application: Applications available through schools. Call child's school or Child Nutrition Services, 899-5977.

Dwyer Emergency Fund

Administrator: Department of Community Services

Eligibility Requirements:

City of Bay Village resident

Low income and in critical need

Program Benefits:

Assistance for emergencies

e.g. - food voucher

- partial payment to utilities for cutoff notices

Assistance limited to three times in calendar year

Application: Call Department of Community Services 899-3409. All assistance depends on donations from community. No city funds.

Holiday Caring & Sharing

Administrator: Department of Community Services

Eligibility Requirements:

City of Bay Village resident

Low income

Program Benefits: Program provides food and gift certificates for holidays.

Application: Call Department of Community Services 899-3409. All assistance depends on donations from community. No city funds.