

**ADMINISTRATOR OF OLDER ADULT SERVICES
APPLICATION FORM**

The following will be kept in confidential files by the Michigan Association of Senior Centers and shall be available for the Certification Board.

NAME _____ DATE _____
 Last First Middle

NAME AS YOU WISH IT TO APPEAR ON CERTIFICATE _____

AGENCY/ORGANIZATION ADDRESS _____

CITY _____ ZIP CODE _____ PHONE () _____

HOME ADDRESS _____

CITY _____ ZIP CODE _____ PHONE () _____

DISCLAIMER

I understand that the application fee is non-refundable in the event that my application is not approved. I also understand that it is my responsibility to keep my certification current and submit a valid renewal application every three years. Applications are accepted January 1 through June 30.

Applicant's Signature

Date

ADMINISTRATOR OF OLDER ADULT SERVICES

The Administrator of Older Adult Services is responsible for overseeing the daily operation of multi Senior Centers in a geographic area. He/She handles the budget, record keeping, personnel, service coordination and management of the facilities. Applicants must be working as an Administrator of Older Adult Services in the year that the application is completed.

REQUIREMENTS:

- **Degree (minimum Associates). Include copy with application.**
- **3 years experience in a multi service system of agent/or related field**
- **Resume**
- **Job Description**
- **Agency Organizational Chart with your position highlighted.**
- **You must demonstrate that under your supervision, your center meets the Senior Center Criteria as listed on page 3.**

GENERAL INFORMATION

Successful applicants will receive the title: Administrator of Older Adult Services.

Cost of Certification: \$75.00

Certification Renewal: \$25.00

Certification renewal is required every 3 years. The applicant for SCAC renewal must be able to document 16 hours on MSSC Board, or 1.0 CEU's in workshops/seminars, or 3 classroom credit hours from an institution of higher education, **per year**, in job-related fields or in the field of aging. For workshop/seminars which are not sponsored by M.A.S.C. standardized documentation forms are available. Registration must be validated and all documentation forms **MUST** be signed by the presenter. Attending the Annual MASC Conference will assist in helping accumulate the required CEU's needed for certification renewal. Sitting on the MASC Board, with active participation at scheduled meetings and at the Annual MASC Conference, will meet the renewal requirements.

SENIOR CENTER CRITERIA

Documentation is necessary to support your ability to meet the following eight criteria, and it may be in the form of newsletter copy, program brochures, flyers, affidavits, letters of support, etc.

1. Ability of sites to meet the service needs of older persons including direct access to existing information, referral, and emergency services.
2. Concentration of older persons in living in the vicinity of the centers.
3. Ability of sites to serve low-income, minority, frail, disabled seniors living in the vicinity of the centers.
4. Potential of the sites to accommodate additional services. The agency or the department that oversees the sites should undertake actions to bring services and programs to the sites. Services such as legal assistance, Social Security, DSS, health screening, etc. should be encouraged to bring their programs to the sites on a regularly scheduled basis.
5. Capability of being open at least 20 hours per week.
6. Site should be barrier free (i.e. accessible to the disabled)
7. Accessibility of sites to seniors (including access to sites by public or private transportation.).
8. Sites must provide at least six (6) of the following services on site and/or be capable of assisting seniors in accessing all other services.

Adult Daycare	Housing Information
Chore Service	Informational & Referral
Congregate Nutrition	Legal Assistance
Counseling	Personal Care
Crisis Intervention	Recreation
Educational Classes	Respite Care
Emergency Services	Substance Abuse
Energy Assistance	Tax Filing Assistance
Health Screening	Telephone Reassurance
Hearing-impaired Services	Transportation
Home Delivered Meals	Vision Impaired Services
Home Repair	Volunteer Opportunities
Homemaker	

EMPLOYMENT AND EDUCATION HISTORY

A. Agency/Organization _____
Title _____
Address _____
City _____ Zip Code _____
Phone _____
Date of Employment: from _____ to _____

B. Attach letter of support from Employer or Immediate Supervisor.

C. Education: High School _____
 College _____
 Post-graduate _____

PERSONNEL MANAGEMENT

Address and document all areas listed below. If you have both paid staff and volunteers, please address both categories.

PAID STAFF

- A. Job Descriptions
- B. Training
- C. Recognition
- D. Organizational Chart
- E. Evaluations

VOLUNTEER

- A. Job Descriptions
- B. Training
- C. Recognition
- D. Organizational Chart

FISCAL MANAGEMENT

Address and document the areas listed below. Please note that the grant writing portion is optional and should be addressed only if you actively seek grant funds.

- A. Budget Writing (copy of most current budget)
- B. Record Keeping/Monthly Accounting (copy of a monthly and/or annual report)
- C. Date and name of firm for most recent Audit Report (do not include actual report)
- D. Grant Proposals (include successful and unsuccessful- introductory pages only)

PROFESSIONALISM/ADVOCACY

Address and document A and B listed below. Describe the scope of your involvement.

- A. Professional Associations and Board or Commission affiliation.
- B. Community/Public Relations (i.e.- cooperative ventures, partnerships, service clubs, cable TV, religious community)

Applicants will be notified in writing as to the status of their application prior to the Certification Presentation at the Michigan Association of Senior Centers' Fall Conference. If deficiencies are discovered during the certification process, applicants will be notified and allowed one opportunity to make corrections or additions.

Applications will be accepted from January 1- June 30 for certificates that will be awarded at the MASC Fall Conference.

FEES: Certification \$ 75.00
Renewal \$ 25.00

Pay by check or money order only - - **Make checks payable to: M.A.S.C.**

Mail entire application to:

Rina Chemin, CPRP, SDC, Standard Committee
Michigan Association of Senior Centers
c/o Saline Area Senior Center
7190 N. Maple
Saline, MI 48176