



**APPLY BY:
APRIL 20, 2026**

SenioRx Coordinator for Council on Aging:

We have a job opening for this position with the **Council on Aging** located at *600 Tyler Ave. SE, Fort Payne*. We are looking for someone that is passionate about working with Older Adults. Applicant must have experience working with Seniors and basic computer skills with Excel, Word, and Outlook. Applicant must see well enough to read fine print and numbers without error or transposition. Must be able to communicate effectively with clients, government agencies, program administrators, etc., on the telephone and in person. Must have reading skills to read directives, guidelines, and regulations, etc.

This position assists senior citizens and others that qualify for various programs (following HIPPA Guidelines) with applications for participation in the federal drug assistance program.

- ✓ They develop a rapport with physicians and medical office staff to insure their role in the program is complete.
- ✓ Counsels seniors concerning other drug program alternatives as well as other available assistance programs.
- ✓ Advocates for more physician and pharmaceutical company participation. Speaks to groups about the program.
- ✓ Compiles monthly reports for DeKalb County Council on Aging, ADSS, and TARCOG.
- ✓ Assists Council on Aging & Transportation programs, as needed.

**Now hiring for
SenioRx
Coordinator**

\$14.09 PER HOUR

MONDAY - FRIDAY

8:00 AM – 4:00 PM

**40 HOURS PER
WEEK**

**Benefits package
includes insurance,
paid holidays,
retirement, and
annual & sick leave
that can be earned.**

DeKALB COUNTY COUNCIL ON AGING

600 Tyler Avenue SE
Fort Payne, AL 35967
(256) 845-8590



Open Monday – Friday
8:00 am – 4:00 pm

DEKALB COUNTY JOB DESCRIPTION

Job Title: Coordinator, SenioRX
Department: Council on Aging/DeKalb County
Job Description Prepared: May 2000
Updated: August 2014

Note: Statements included in this description are intended to reflect in general the duties and responsibilities of this job and are not to be interpreted as being all inclusive. The employee may be assigned other duties that are not specifically included.

Relationships

Reports to: Director
Subordinate Staff: None
Other Internal Contacts: Other Staff
External Contacts: Clients, Physicians, Medical office staff, General Public, and staff of various social agencies.

Job Summary

Under the direction of the Director, the employee assists senior citizens and others that qualify for various programs following HIPPA Guidelines with applications of participation in the federal indigent drug program. Develop a rapport with physicians and medical office staff to insure their role in the program is complete. Aware of various indigent drug programs by pharmaceutical companies. Counsels seniors concerning other drug program alternatives as well as other available assistance programs. Advocate for more physicians and pharmaceutical companies participation. Compiles monthly reports for DeKalb County Council on Aging, ADSS, and TARCOG.

Job Domains

A. Application Assistance

1. Receives referrals for the program by phone or personal interviews; complete intake
2. Contact client's physician to encourage participation and coordinate application process

3. Assist client with completing necessary application and compile required documentation to determine eligibility
4. Submit the pharmaceutical application
5. Advocate with drug manufacturing companies to meet needs of client
6. Sets up follow-up appointments to provide additional information and complete forms.
7. Complies reporting as required by the Council on Aging, County Commission, and TARCOG
8. Recruits, trains, and supervises volunteers to help promote/counsel clients about the prescription drug program
9. Other duties as assigned by the DeKalb County Council on Aging Director

B. Coordination with Medical Community

1. Make personal visits to each physician's office
2. Explain program to key personnel
3. Offer assistance to avoid extra workload on medical staff

C. Knowledge of Assistance Programs

1. Works closely with COA Coordinators to determine client's eligibility for other assistance programs
2. Encourages clients to ask for generic drugs
3. Promotes clients total well being through participation in the aging programs
4. Makes clients aware of the public transportation program
5. Develops knowledge of programs provided by other social service agencies
6. Participates in insurance counseling training

D. Counseling

1. Provides clients information concerning various programs of medical community
2. Makes referrals to social services agencies e.g. Department of Human Resources, CASA, Upper Sand Mountain Parrish, TARCOG, Legal Department
3. Counsels client in comparative shopping for prescription and over the counter medications
4. Creates client's awareness of the variations in supplemental insurance
5. Instructs clients with suggestions on how to communicate with physician
6. Provides client with list of area health care providers

E. Advocacy

1. Obtains knowledge of issues affecting seniors at the federal, state, and local levels of government
2. Encourages seniors to actively participate in advocacy efforts
3. Develops constant rapport with medical community
4. Speaks to groups to explain assistance program
5. Communicates with elected delegation concerning aging issues

F. Reporting

1. Compiles monthly reports to Aging Director
2. Ensures reports are sent to TARCOG in a timely manner
3. Compiles program overview for DeKalb County Commission

KNOWLEDGE AND SKILLS

1. Ability to communicate effectively with clients, government agencies, program administrators, etc., on the telephone and in person.
2. Knowledge of medical office procedures
3. Math skills to maintain operational records.
4. Writing skills to communicate effectively with assistance organizations.
5. Reading skills to read directives, guidelines and regulation, etc.
6. Ability to recognize the needs of senior citizens
7. Skills to make accurate reports and maintain records
8. Ability to operate office equipment.
9. Ability to work with and relate to older adults.
10. Ability and dedication to follow HIPPA Guidelines.

PHYSICAL CHARACTERISTICS

1. See well enough to read fine print and numbers without error or transposition
2. Hear well enough to respond to verbal communication
3. Speak well enough to address various groups
4. Body mobility to drive, stand, move, and bend

OTHER CHARACTERISTICS

1. Possession of a valid Alabama driver's license with five year clear record.
2. Willing to travel throughout the county and state to attend workshops, conferences, etc.
3. Willing to work non-standard hours or weekends as required.
4. Possess experience in medical community environment
5. High school education or equivalent
6. Previous experience working with older adults.
7. Meets the standards of drug-free policy
8. Background check and E-verify

PHYSICAL DEMANDS

The work environment involves everyday risks or discomforts which require normal safety precautions typical of such places as offices, meeting and training rooms, libraries, and residences or commercial vehicles, e.g., use of safe work practices with office equipment,

Application For Employment

DeKalb County Council on Aging
600 TYLER AVE SE
Fort Payne, AL 35967

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name	First Name	Middle Name	
Address	Number	Street	City
		State	Zip Code
Telephone Number(s)		Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER DATE

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

NOTES

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho Corp. assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3	<hr/>	<hr/>
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	<hr/>	<hr/>
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Wordperfect	<hr/>	<hr/>

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES NO

References

1.	<hr/>	()
	(Name)	Phone #
	<hr/>	
	(Address)	
2.	<hr/>	()
	(Name)	Phone #
	<hr/>	
	(Address)	
3.	<hr/>	()
	(Name)	Phone #
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	(Address)	