



**APPLY BY:
AS SOON AS POSSIBLE**

SHIP Counselor for Council on Aging:

We have a job opening for this position with the **Council on Aging (COA)** 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 includes the following:

- ✓ Providing insurance counseling assistance to senior citizens and others that qualify for various programs following HIPPA Guidelines.
- ✓ Handles the Open Enrollment appointment book and counsels Medicare recipients during the entire Open Enrollment Period (October 15 – December 7).
- ✓ Helps advertise COA programs, speaks to groups, & provides referrals to other agencies. Sets up booths at different community events (must be able to set table up on their own).
- ✓ Compiles monthly reports for the COA, ADSS, and TARCOG.
- ✓ Assists Council on Aging & Transportation programs, as needed.

Now hiring for
**SHIP
Counselor**

\$12.13 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 of Assistance Programs, SHIP

Department: Council on Aging

Job Description Prepared: May 2000

Updated: October 2026

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 Coordinators

External Contacts: TARCOG; DHR; Medicaid Office; Program Participants and their Caregivers; Social Service Agencies; Community Action Agencies; Churches; Civic Groups; Other Agencies.

Job Summary

Under the direction of the Director, the employee provides insurance counseling assistance to senior citizens and others that qualify for various programs following HIPPA Guidelines. They help to advertise our programs and provide referrals to other agencies. They help with other COA and Transportation duties as needed.

Program Schedules

Your standard work time will be Monday through Friday from 8 am to 4 pm, with lunch from 11 am to 12 pm. The primary focus of this position is to assist people with Insurance Counseling and their Medicare questions. During Open Enrollment, you will see back-to-back clients throughout your day. Outside of Open Enrollment, you may see only 10 clients in a month. The remainder of your time will be used to help with other programs.

Your Fiscal Year runs differently than the remainder of the COA and Transportation Programs, beginning on April 1st and ending on March 31. The year usually looks like this for this position, but always includes SHIP booths, speaking engagements, seeing clients about their Medicare, daily/monthly paperwork, and receipting donations/registration fees for agency programs:

- January: Registering people for Farmers Market Vouchers
- January – April: Serve as the Greeter for our Tax Preparation Site on Thursdays, beginning the last Thursday in January and ending by April 15.
- August – September: Registering Vendors for our Health Fair.
- October 15 – December 7: Open Enrollment appointments.

Job Domains

A. Insurance Counseling Assistance Program

1. Receives calls from potential QMB program (Medicaid) participants; explains qualifications to callers and interviews callers to determine if they qualify.
2. Assist senior citizens with Medicare Part D.
3. Schedules follow-up appointments, as needed, to provide additional information and complete forms.
4. Contacts Medicaid office to ensure applicant's application has been processed and determine the status of application.
5. Works with QMB participants and explains program requirements, benefits, and processes; answers any questions.
6. Assists individuals that do not qualify for QMB participants and explains program to obtain co-insurance; provides information regarding available alternative programs and answers questions.
7. Advises callers seeking information on Medicare supplemental insurance and long-term care insurance.
8. Advises SLMBA program participants; matches state program participants, according to income, to appropriate program and qualification guidelines. Explains requirements.
9. Provides information to and assists individuals less than 65 years of age to obtain disability payments through Social Security; assists with Medicare, Medicare Part D, Medicaid and QMB enrollment depending on financial qualifications.
10. Maintains files on qualified participants assisted through the various programs.
11. Prepares assistance program activity report and submits to TARCOG.

B. SenioRx Program

1. Employee will identify clients, through SHIP Counseling, that could benefit from the SenioRx program and coordinate with that department employee to help the client.
2. Employee will speak about this program at events and help deliver and pick up paperwork from Doctors as needed.

C. Other COA and Transportation Programs

1. At speaking engagements, booths, and other client interactions, employee will educate people on other COA and Transportation programs that might benefit them or their friends/families.
2. The Open Enrollment Period is the busiest SHIP time of the year. Outside of that time, when the employee is not busy the employee will help with other programs.

Knowledge, Skills and Abilities

1. Ability to communicate effectively with clients, government agencies, program administrators, etc., on the telephone and in person.
2. Math skills to maintain operational records.
3. Writing skills to communicate effectively.
4. Reading skills to read directives, guidelines and regulation, etc.
5. Ability to operate office equipment.
6. Ability to work with and relate to older adults.

Other Characteristics

1. Possession of a valid Alabama driver's license.
2. Ability to travel throughout the county and state to attend workshops, conferences, etc.
3. Ability to work non-standard hours or weekends as required.
4. Previous experience working with older adults.

Work Environment

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, avoidance of trips and falls, observance of fire regulations and traffic signals, etc. The work area is adequately lighted, heated, and ventilated.

Physical Demand

The work is usually sedentary. Typically, the employee may sit comfortably to do the work. However, there may be some walking; standing; bending; carrying equipment to set up a booth; driving an automobile, etc. Employee must be able to lift at least 25 pounds for setting up the booth on their own and to help with other COA or Transportation duties, as needed.

Approvals

_____ Name	_____ Title	_____ Date
_____ Name	_____ Title	_____ Date

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?			
☐ Advertisement	☐ Friend	☐ Walk-In	
☐ Employment Agency	☐ Relative	☐ 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?

Proof of citizenship or immigration status will be required upon employment.

☐ Yes ☐ No

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

Additional Information

Other Qualifications

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

Specialized Skills

Check Skills/Equipment Operated

☐ CRT

☐ Fax

Production/Mobile
Machinery (list):

Other (list):

☐ PC

☐ Lotus 1-2-3

☐ Calculator

☐ PBX System

☐ Typewriter

☐ Wordperfect

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. _____ ()

(Name) Phone #

(Address)

2. _____ ()

(Name) Phone #

(Address)

3. _____ ()

(Name) Phone #

(Address)