



**AmeriCorps  
Seniors**



**BLAIR SENIOR  
SERVICES**  
AREA AGENCY ON AGING

## Foster Grandparent and Senior Companion Programs Volunteer Application

Miss Ms. Mrs. Mr. (please circle one)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
First (formal) MI Last

Address: \_\_\_\_\_  
Street City/State Zip

Municipality: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone #: \_\_\_\_\_(Home) \_\_\_\_\_(Cell)

**The Corporation for National and Community Service requires participants to be 55 years of age or older to volunteer for either the Foster Grandparent or Senior Companion Program.**

Are you age 55 or older?  Yes  No

\*\*\*\*\*  
Volunteer Program you are interested in:

Foster Grandparent Program  Senior Companion Program

How did you hear about the Program? \_\_\_\_\_

Please briefly describe any previous experience (if any) you have had working with older adults (if interested in volunteering as a Senior Companion) or working with children (if interested in volunteering as a Foster Grandparent):  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*  
**\*Please note that volunteers in the Senior Companion and Foster Grandparent Programs are required to volunteer a minimum of 15 hours per week.**

Comments Regarding Availability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Income Eligibility Guidelines:**

AmeriCorps Seniors requires that the volunteer cannot have an annual household income from all sources, after deducting allowable medical expenses, which exceeds the program's income eligibility guidelines.

**Income Eligibility for a Single Person:** \$2,265/month or \$27,180/year  
**Income Eligibility for a Married Couple:** \$3,051.67/month or \$36,620/year

Sources of Income	A. Volunteer's Monthly Income	B. Spouse's Monthly Income	C. Total Monthly Income (A+B)		D. Total Annual Income (Cx12)
Social Security:	\$	\$	\$	X 12 months	\$
SSI/SSDI:	\$	\$	\$	X 12 months	\$
Pension:	\$	\$	\$	X 12 months	\$
Interest/Dividends:	\$	\$	\$	X 12 months	\$
Wages:	\$	\$	\$	X 12 months	\$
Other:	\$	\$	\$	X 12 months	\$
<b>Column Totals:</b>	\$	\$	\$	X 12 months	\$

\*\*\*\*\* *ONLY complete this section if your income exceeds the income eligibility guidelines.*

**Allowable deductions for medical expenses, if any. Please note up to 50% of the maximized qualifying amount can be deducted.**

Health Insurance Premiums: \$\_\_\_\_\_ per month or \$\_\_\_\_\_ per year  
 Prescription Drugs (co-pay/deductible): \$\_\_\_\_\_ per month or \$\_\_\_\_\_ per year  
 Doctor visits/medical bills: \$\_\_\_\_\_ per month or \$\_\_\_\_\_ per year  
 Other allowable medical costs: \$\_\_\_\_\_ per month or \$\_\_\_\_\_ per year  
 Total allowable deductions: \$\_\_\_\_\_ per month or \$\_\_\_\_\_ per year

**50% of allowable deductions:** \$\_\_\_\_\_ per month or \$\_\_\_\_\_ per year

**For Office Use Only:**

Total Household Income: \$\_\_\_\_\_ per month or \$\_\_\_\_\_ per year  
 Minus total allowable medical expenses: \$\_\_\_\_\_ per month or \$\_\_\_\_\_ per year  
**Total Annual Qualifying Income:** \$\_\_\_\_\_ per month or \$\_\_\_\_\_ per year

I understand that this is an application for and not a commitment or promise of a volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application and in any interviews with the Program staff. I certify that the information provided is true, correct and complete to the best of my knowledge. I certify that I will not withhold any information that would unfavorably affect my application. I understand that the information contained will be verified by Program staff and that any misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position or termination as a volunteer by Blair Senior Services, Inc. In addition, I am aware of the fact that I am applying for a volunteer position and if selected, will not be an employee of Blair Senior Services, Inc.

\_\_\_\_\_  
Volunteer Signature

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please return the completed application, proof of income and a copy of your unexpired photo ID to:**

Volunteer Program Office  
Blair Senior Services, Inc.  
1320 12<sup>th</sup> Avenue  
Altoona, PA 16601-3308

---

*Office Use Only:*

\_\_\_\_\_  
*Program Director/Coordinator Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Reviewed/Entered By*

\_\_\_\_\_  
*Date*

*Programs funded by the AmeriCorps Seniors are available to all individuals without regard to race, color, national origin, disability, sex, age, political affiliation or religion.*

## **What is considered income for determining volunteer eligibility?**

**According to Section 2551.43 of the Senior Companion Regulations and Section 2552.43 of the Foster Grandparent Program Regulations:**

- (a) For determining eligibility, “income” refers to total cash or in-kind receipts before taxes from all sources including:
- (1) Money, wages, and salaries before any deduction, but not including food or rent in lieu of wages;
  - (2) Receipts from self-employment or from a farm or business after deductions for business or farm expenses;
  - (3) Regular payments for public assistance, Social Security, Unemployment or Workers Compensation, strike benefits, training stipends, alimony, child support, and military family allotments, or other regular support from an absent family member or someone not living in the household;
  - (4) Government employee pensions, private pensions, and regular insurance or annuity payments; and
  - (5) Income from dividends, interest, net rents, royalties, or income from estates and trusts.
- (b) For eligibility purposes, income does not refer to the following money receipts:
- (1) Any assets drawn down as withdrawals from a bank, sale of property, house or car, tax refunds, gifts, one-time insurance payments or compensation from injury.
  - (2) Non-cash income, such as the bonus value of food and fuel produced and consumed on farms and the imputed value of rent from owner-occupied farm or non-farm housing.

## **What are allowable medical expenses that may be deducted from income?**

**According to the Senior Companion Regulations, Section 2551.42(c) and the Foster Grandparent Regulations, 2552.42 (c):**

Allowable medical expenses are annual out-of-pocket medical expenses for health insurance premiums, health care services, and medications provided to the applicant, enrollee, or spouse which were not and will not be paid by Medicare, Medicaid, other insurance, or other third party pay or, and *which do not exceed 50 percent of the applicable income guideline.*

### **Examples of Allowable Out-of-pocket medical expenses:**

#### **Health Insurance Costs:**

Private Insurance, Medicare/Medicaid Premiums, Co-payments and Deductibles

#### **Prescription Drugs:**

Pharmacy Program Co-payments and Deductibles

#### **Medical Bills for Dr. Visits:**

Included, but not limited to: Medical care, Dental Care, Vision Care

#### **Other out-of-pocket Medical expenses:**

One time medical expense; equipment (supplies for dentures, hearing aids, eyeglasses, wheelchairs, canes, etc) Over the counter drugs and supplies (pain relievers, antacids, hearing aid batteries, vitamins, non-prescription eye glasses)

## **When and where are the current income eligibility guidelines published?**

The Corporation publishes the annual income eligibility guidelines shortly after the issuance of the HHS Poverty Guidelines, usually in February or early March. When issued the income eligibility guidelines are posted at [www.seniorcorps.gov](http://www.seniorcorps.gov) under “Manage Current Grants.” The guidelines clarify that for eligibility purposes, income does not include the value of food stamps provided under the Food Stamp Act of 1977, as amended.