



## Foster Grandparent/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 #: \_\_\_\_\_(H) \_\_\_\_\_(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 would be interested in:

**Foster Grandparent Program**

**Senior Companion Program**

*Programs funded by the Corporation for National & Community Service are available to all individuals without regard to race, color, national origin, disability, sex, age, political affiliation or religion.*

**Availability:**

Monday:	Mornings	Afternoons	Either
Tuesday:	Mornings	Afternoons	Either
Wednesday:	Mornings	Afternoons	Either
Thursday:	Mornings	Afternoons	Either
Friday:	Mornings	Afternoons	Either
Saturday (SCP only):	Mornings	Afternoons	Either
Sunday (SCP only):	Mornings	Afternoons	Either

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

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 as volunteering as a Foster Grandparent):

\_\_\_\_\_

\_\_\_\_\_

**Income Eligibility Guidelines:**

The Corporation for National and Community Service 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: \$2,010/month or \$24,120/year**  
**Income Eligibility for a Married Couple: \$2,706.67/month or \$32,480/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	\$



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

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

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

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

### **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.