



FOSTER GRANDPARENT APPLICATION AND ELIGIBILITY FORM

PERSONAL INFORMATION

Name: _____
First Middle Last Other Names Used:

Address: _____
Mailing/Physical Address City State Zip

Phone: () _____ () _____ () _____
Home Cell Message

Willing To Serve: Mornings- Afternoons- Evenings- Saturdays- Sundays-

Check any week day you are unable to serve: Mon- Tues- Wed- Thurs- Fri-

Do you have any criminal convictions (Other than parking violations and juvenile offenses?)
Yes- No- If yes, please describe: _____

Do you consent to the Foster Grandparent Project performing, or arranging for a criminal history check in accordance with the Federal requirements for the Foster Grandparent Program?
Yes- No-

Physical Condition: Excellent- Good- Fair- Poor-
Please Explain: _____

Contact in case of Emergency:
Name: _____
Address: _____
Phone #: _____
Relationship: _____

Physician:
Name: _____
Phone #: _____

Tell us why you want to be a Foster Grandparent: _____

Do you have your own means of transportation? Yes No

If not, what kind of transportation do you plan to use? _____

List Hobbies and Special Skills: _____

Years of School Completed _____

EMPLOYMENT			
<i>Position:</i>	<i>Employer:</i>	<i>City, State:</i>	<i>Dates:</i>

REFERENCES			
<i>Name:</i>	<i>Address:</i>	<i>City, State:</i>	<i>Phone:</i>

By signing below, applicant agrees that the information provided herein is true and correct to the best of their knowledge.

Signature

_____/_____/_____
Date

Please submit this application, along with the attached income eligibility form, to:

Round Valley Indian Tribes - Foster Grandparent Program
Building Horizons Office
PO BOX 682
117 Concow Blvd
Covelo, CA 95428
(707) 983-6823

ELIGIBILITY FORM FOR FOSTER GRANDPARENT APPLICANTS

In order to receive a stipend a Foster Grandparent must be at least 55 years of age and cannot have an annual income from all sources, after deducting allowable medical expenses, which exceeds the program’s income eligibility guideline for the state in which he or she resides. Annual income is required to be counted for the *past 12 months* for serving volunteers and is *projected* for the next 12 months for new applicants.

Name: _____ Phone: (____) ____ - _____ Birth Date: ____/____/____

Address: _____

Street
City
State
Zip

Number in household: _____

Marital Status: Married Widow(er) Single Divorced Legally Separated

In all categories below list all sources of income for the volunteer applicant and spouse, if living in same residence.

Current Income from all sources of Applicant and Spouse, if living in same residence	A. Volunteer’s Monthly Income	B. Spouse’s Monthly Income	C. Total Monthly Income (A+B)		D. Total Annual Income (C x 12)
Social Security	\$ _____	\$ _____	\$ _____	x 12 mo.	\$ _____
SSI / SSDI	\$ _____	\$ _____	\$ _____	x 12 mo.	\$ _____
Pension	\$ _____	\$ _____	\$ _____	x 12 mo.	\$ _____
Interest/Dividends	\$ _____	\$ _____	\$ _____	x 12 mo.	\$ _____
Other: see back for list of other countable income	\$ _____	\$ _____	\$ _____	x 12 mo.	\$ _____
COLUMN TOTALS	\$ _____	\$ _____	\$ _____	x 12 mo.	\$ _____

Allowable deductions for medical expenses, if any. Please note up to 50% of the maximized qualifying amount can be deducted. See reverse side for examples of allowable medical deductions.			
Health Insurance Premiums	\$ _____ per month	or \$ _____ per year	
Prescription Drugs	\$ _____ per month	or \$ _____ per year	
Doctor visits/medical bills	\$ _____ per month	or \$ _____ per year	
Other allowable medical costs	\$ _____ per month or \$ _____ per year		
	\$ _____ Total per month	\$ _____ Total per year	

FOR OFFICE USE ONLY:	
Total Household Annual Income:	\$ _____
Minus total allowable medical expense deduction: –	_____
Equals Total Annual Qualifying Income:	\$ _____

I certify that the information furnished above is correct and understand that falsification of information may result in my being deemed ineligible to receive a stipend as a Foster Grandparent. *I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both under Section 1001 of Title 18, U.S.C.*

VOLUNTEER SIGNATURE	DATE	SIGNATURE OF STAFF REVIEWER	DATE
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INFORMATION FOR PROJECT STAFF

What is considered income for determining volunteer eligibility?

According to Section 2551.43 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.
 - (3) Food Stamps.

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

According to 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, long term care insurance

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)

What 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 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.*

If you have questions or need further clarification on determining income eligibility, please contact your CNCS State Office.