



FOSTER GRANDPARENT & SENIOR COMPANION PROGRAM VOLUNTEER APPLICATION



AmeriCorps
Seniors

Choose one: Foster Grandparent
(working with children/youth) Senior Companion
(working with homebound elders)

Volunteers must be 55 years or older, and income eligible based on 200% of DHHS poverty guidelines.

Name _____ Date of Birth _____ Current Age _____

Mailing Address _____

City _____ State _____ Zip Code _____

Your Phone _____ Tribe _____ Male or Female _____

Emergency Contact Name _____ Phone Number _____

Relationship _____ Your email address _____

Please provide the following demographic information for our statistics:

Are you a veteran? Yes No If yes, branch of service: _____

Are you an active member of the U.S. military? Yes No If yes, branch of service: _____

Do you have any family members actively serving in the military? Yes No

Race/Ethnic Background: American Indian/Alaska Native Asian White

Black/African American Native Hawaiian/Pacific Islander Hispanic/Latino Other

As an FGP/SCP volunteer, you will be covered by accident and personal liability insurance, and a small death benefit while performing volunteer duties. This coverage is automatic and free of cost to you as long as you are an active, enrolled member of FPG/SCP. Please provide the following info:

Beneficiary Name _____ Relationship _____

Beneficiary Address _____ City _____

State _____ Zip _____ Beneficiary Phone _____

Please tell us a little about yourself

Languages _____ Hobbies _____

Why do you wish to be a volunteer? _____

Do you require any special accommodations or have physical or medical considerations that may impact a volunteer assignment? _____

Have you ever been convicted of a criminal offense or misdemeanor? Yes _____ No _____

***If Yes, please attach an explanation of charges, date of offense, and status of the charges on a separate sheet to be included with this application.**



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Please indicate if FGP/SCP may have permission to use your likeness:

I give GLITC FGP SCP permission to use my likeness in photography and/or video in any of its publications or on the internet, whether now known or hereafter existing, to be controlled by GLITC FGP SCP in perpetuity. *I will make no monetary or other claim against GLITC FGP SCP for the use of my likeness.*

I do not give GLITC FGP SCP permission to use my likeness.

CERTIFICATIONS:

By signing below, I acknowledge that I have read, understand and agree to the following statements:

- By signing this application, I authorize GLITC, Inc., to conduct a three-part criminal history background check, according to the Corporation for Community Service and federal guidelines. *I understand that selection into the Foster Grandparent or Senior Companion Program is contingent upon the results of these checks.*
- I state that I am 55 years of age or older and offer my services as a volunteer for GLITC FGP SCP. I understand that I am not an employee of the FGP SCP Project, GLITC, the volunteer station or the Federal Government.
- I understand that in my capacity as an FGP/SCP volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my ability and not to disclose it during or after my service as a volunteer has ended.
- I understand that if I use my personal automobile in my volunteer service, I will keep in effect automobile liability insurance equal or greater to the minimum requirements of the state of ____.
I will also keep a valid ____ State driver's license.

Thank you for the information you have provided. Your information is never sold, shared or used outside of GLITC FGP SCP or the Corporation for National and Community Service.

Applicant Signature

Date

GLITC FGP SCP Program Staff

Date

Equal Employment Agency—GLITC FGP SCP is an equal opportunity agency. Enrollment is done without regard to race, color, national origin, gender, sexual orientation, religion, age, disability, political affiliation, marital or parental status, or military service. GLITC FGP/SCP provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. For accommodation information or if you need special accommodations to complete the application process please contact GLITC FGP SCP at 715/588-3324

Return completed application to: GLITC FGP SCP, PO Box 9, Lac du Flambeau, WI 54538

Or email to FGP-SCP@glitc.org

**PLEASE SUBMIT A COPY OF YOUR PHOTO IDENTIFICATION CARD (Tribal I.D. or Driver's License)
WITH COMPLETED APPLICATION**

Please indicate with an "X" the days and hours you are available to volunteer:

	<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
Morning							
Afternoon							

The following information is optional and will not affect your eligibility for the GLITC FGP SCP:

Please share the size you prefer for the occasional recognition items:

T-shirt _____ Vest _____ Sweatshirt _____

Driver's License _____ State _____ Expiration Date _____

FGP/SCP provides a mileage reimbursement to volunteers for travel between home and volunteer sites.

Will you be claiming a mileage reimbursement for travel to and from your volunteer location? **Yes__ No__**

If Yes, is a copy of your proof of auto insurance showing active coverage attached ? Yes__ No__



Great Lakes Inter-Tribal Council
Foster Grandparent & Senior Companion Programs
Annual Income Review



To receive a stipend, a volunteer must be at least 55 years of age and must provide proof of income on an annual basis that cannot exceed the program's income eligibility guidelines. Annual income is required to be counted from all sources, after deducting allowable medical expenses. **Annual income is required to be counted for the past 12 months for volunteers currently serving, and estimated for the upcoming 12 months for new volunteers**

Volunteer Name: _____ Phone: (____)-____-____ DOB: ____/____/____

Number in Household: _____ New Volunteer Current Volunteer

Marital Status: Married Widow Single Divorced Legally Separated

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

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 (OFFICE USE ONLY)
Social Security	\$ _____	\$ _____	\$ _____	X12 mo.	\$ _____
401K/Retirement Savings	\$ _____	\$ _____	\$ _____	X12 mo.	\$ _____
Pension/Annuity	\$ _____	\$ _____	\$ _____	X12 mo.	\$ _____
Interest/Dividends	\$ _____	\$ _____	\$ _____	X12 mo.	\$ _____
Employment/ Unemployment	\$ _____	\$ _____	\$ _____	X12 mo.	\$ _____
Other: see reverse side	\$ _____	\$ _____	\$ _____	X12 mo.	\$ _____
Totals	\$ _____	\$ _____	\$ _____	X12 mo.	\$ _____

Allowable deductions for medical expenses, if any, which do not exceed 50% of the applicable income guideline. *Provide proof. 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 (see reverse)	\$ _____ per month	OR \$ _____ per year
	\$ _____ TOTAL per month	\$ _____ TOTAL per year

FOR OFFICE USE ONLY:

Total Household Annual Income: \$ _____ — Medical Expenses \$ _____ = Total Annual Qualifying Income \$ _____

I certify that the information provided above is correct and understand that falsification of information may result in my being deemed ineligible to remain in the program or be a part of the program. 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. **Falsification of information may also require repayment to the program.**

Volunteer signature

Date

GLITC Program Staff

Date

What is considered income for determining volunteer eligibility?

According to Section 2552.44 of the FGP Regulations and 2551.4 of the SCP Regulations:

A) For the purposes of determining eligibility, “income” refers to the total amount of household sources BEFORE taxes. This includes:

- 1) Money, wages and salaries before any deduction
- 2) Receipts from self-employment or from a farm or business after deductions for business expenses
- 3) Social Security, Unemployment, 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) Pensions and annuity— Government, private
- 5) Income from dividends, interest, rents, royalties or income from estates and trusts.
- 6) 401K and other retirement savings plans.

B) For the purposes of determining eligibility, income does not refer to the following money receipts:

- 1) Any assets drawn down as withdrawals from a bank, sale of property, tax refunds, gifts, one-time insurance payments or compensation from injury
- 2) Non-cash income, such as the bonus value of food or fuel, etc.
- 3) Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program.
- 4) Per capita payments

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

According to FGP Regulations, 2552.43(c) and SCP Regulations, 2551.43(c):

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

Examples of allowable out-of-pocket medical expenses include but are not limited to:

Health insurance costs— private insurance, Medicare/Medicaid premiums, co-payments and deductibles, long term care insurances

Prescription drugs— Pharmacy program co-payments and deductibles

Medical Bills for Dr. visits— Included, but not limited to medical care, dental care, vision care not covered by health insurance, IHS, etc.

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 not covered by health insurance, IHS, etc: pain relievers, antacids, hearing aid batteries, vitamins, non-prescription eye glasses.

***For eligibility purposes, income does not include the value of food stamps provided under the Food Stamp Act of 1977.**