



LOUISVILLE METRO FOSTER GRANDPARENT VOLUNTEER APPLICATION FORM



The Foster Grandparent Program (FGP) is federally funded by the Corporation for National and Community Service, Senior Corps.

Name (Mr. Mrs. Ms.) _____ **D.O.B:** ____/____/____

Mailing Address: _____ **Phone No.** _____

City: _____ **State:** _____ **Zip Code:** _____ **SSN:** _____

Marital Status: Married Widow(er) Single Divorce (check one)

Are you a U.S. Veteran? Yes No

How did you hear about the Foster Grandparent Program?

- Newspaper
- Family Member
- Group/Meeting Presentation
- TV/Radio
- FGP Volunteer
- Friend
- Other (please specify) _____

Are you currently employed? Yes No if yes, where? _____

Educational Level (check one):

- Elementary School
- High School Diploma/ GED Certificate
- Some College Courses
- AA/BA/MA/PhD/College Graduate (Major) _____

Previous volunteer experience (Where, when, what did you do?) _____

Special training, skills or interests, i.e., languages, teaching experience, trades, hobbies, etc.

Have you ever been convicted for violation of any law? Yes No (If yes, explain)

Restrictions that might/will affect your availability for volunteer service (family, work schedule, etc.)

Please list names, address and phone number of character references (please do not list relatives):

1.) Reference Name: _____

Reference Address: _____ Phone: _____

2.) Reference Name: _____

Reference Address: _____ Phone: _____

3.) Reference Name: _____

Reference Address _____ Phone: _____

I plan to use the following means of transportation to and from the assigned volunteer site:

() Drive myself () TARC () TARC3 () Ride with someone () Walk

() other (please list) _____

If you plan to drive yourself:

Your Driver's License # _____ Driver's License Renewal Date _____

Auto Liability Insurance Company _____

Auto Insurance Policy Number _____ Insurance Renewal Date _____

In case of emergency, please notify:

Name _____ Address _____

Phone Number _____ Relationship _____

Physician's Name _____ Phone Number _____

I hereby declare the information provided by me in this application is true, correct and complete to the best of my knowledge. I understand that if I am accepted as a member of FGP, any misstatement or omission of information could be cause for dismissal.

Signature of FGP Applicant _____ Date _____

Signature of FGP Coordinator _____ Date _____

Signature of FGP Director _____ Date _____



INFORMATION FOR PROJECT STAFF

What is considered income for determining volunteer eligibility?

According to 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.
 - (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)

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 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.