



Utah County Senior Services  
151 S University Ave #2200  
Provo, UT 84601  
(801) 851-7784



Foster Grandparent / Senior Companion Program Volunteer Application

Volunteer Information

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Print or type)

Address \_\_\_\_\_  
Street City Zip Code

Phone \_\_\_\_\_ 2nd Phone \_\_\_\_\_

Email \_\_\_\_\_ Sex  Male  
 Female

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Marital Status  Married  Widowed  Single  Separated  
Are You A Veteran  Yes  No  
Spouse of a Veteran  Yes  No  
Smoker  Yes  No

Person to Contact in Case of Emergency

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip Code

Phone \_\_\_\_\_ 2nd Phone \_\_\_\_\_

Emergency Instructions \_\_\_\_\_

Volunteer Income

Please list income from all individuals living in the household Total Persons Living in Home _____	Current Total Household Income Sources & Amounts			
	A Volunteer's Income	B Other Individual Income	C Monthly Income (A+B)	D Annual Income (C x 12)
Social Security	\$	\$	\$	\$
SSI / SSDI	\$	\$	\$	\$
Pension	\$	\$	\$	\$
Interest / Dividends	\$	\$	\$	\$
Other (see info sheet on back for other income types)	\$	\$	\$	\$
Totals	\$	\$	\$	\$

## INCOME INFORMATION SHEET

In order to receive a stipend, a Senior Services volunteer must be at least 55 years of age and cannot have an annual income which exceeds the program's income eligibility guideline for the state in which he or she resides. Annual income is all household sources of anticipated income for the next 12 months after deducting anticipated allowable medical expenses.

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

According to section 2552.42 of the Senior Services 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 deductions, 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.
- (5)** Income for dividends, interest, net rents, royalties, or income from estates and trusts.

**(B)** For eligibility purposes, income does not refer to the follow 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 deducted from income?

According to the Senior Services Program regulations, 2552.42( c):

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

Examples of allowable out-of-pocket medical expenses:

**Health Insurance Costs:** Private Insurance/Medicare/Medicaid Premiums, Co-payments, & Deductibles

**Prescription Drugs:** Pharmacy Program Co-payments & 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-prescriptions eyeglasses)

#### DEDUCTIONS FOR MEDICAL EXPENSES

Health Insurance Costs	\$	per month	or	\$	per year
Prescriptions Drugs	\$	per month	or	\$	per year
Medical Bills for Dr. Visits	\$	per month	or	\$	per year
Other out-of-pocket	\$	per month	or	\$	per year
<b>Total:</b>	\$	per month	or	\$	per year

Type of Transportation

Personal Auto       Bus       Walk       Other \_\_\_\_\_

If Personal Automobile

Driver License # \_\_\_\_\_ Expiration \_\_\_\_\_

Auto Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Renewal Date \_\_\_\_\_

I maintain my own auto liability coverage at least equal to the minimums required by the State of Utah.  Yes       No

Have you had an automobile accident or moving violation (not a parking ticket) in the past three years?  Yes       No

If Yes, Please describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Character References (Not Relatives)

Reference 1

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip Code

Phone \_\_\_\_\_ 2nd Phone \_\_\_\_\_

Reference 2

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip Code

Phone \_\_\_\_\_ 2nd Phone \_\_\_\_\_

Beneficiary Information

As part of the program we provide you with a small insurance policy. Please list a beneficiary.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip Code

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip Code

Additional Information

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

Why would you like to become a volunteer: \_\_\_\_\_

Hobbies, Skills, and Job Experience: \_\_\_\_\_

Languages Spoken \_\_\_\_\_

Physical Condition:  Excellent  Good  Fair  Poor

Describe any physical limitations: \_\_\_\_\_

Application Signatures

I hereby certify that all statements made on this form are true and complete. I understand that any misstatements of material facts may subject me to disqualification or dismissal. I understand that making a false written statement on this form may constitute a violation of Utah State Law 76-8-504 (written false statement), and prosecution for a Class B Misdemeanor could result. I also understand that my participation as a Senior Services volunteer is contingent upon the satisfactory completion of a criminal history review.

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Program Representative Date

Please give a brief history of your life. (Continue on separate sheet if needed) \_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_



Participation in the Foster Grandparent / Senior Companion Program (45 CFR 2540.201) is contingent upon the satisfactory results of a National Service Criminal History Review submitted by Utah County Senior Services (UCSS), Fieldprint, and/or Truescreen. A potential volunteer may be ineligible if he or she; Refuses to submit to a Criminal Background check, makes a false statement regarding their criminal background, is listed on the National Sex Offender Website, has a conviction for domestic violence, sexual offenses, exploitation, other violent felonies, or murder.

**Initial**

I certify that all information I have provided in relation to this criminal history record check is true and accurate.

I authorize UCSS/Fieldprint/Truescreen to collect and submit my Fingerprints and other application information to the FBI, NSOW, and Truescreen for the purpose of comparing the submitted information to available records in order to obtain criminal history record information about me.

I authorize UCSS/Fieldprint/Truescreen to access federal and state criminal history record information that pertains to me and disseminate that information to the Corporation for National and Community Service (CNCS)

I authorize Fieldprint / Truescreen to recommend an adjudication, based solely on the criteria set by CNCS, to CNCS and UCSS to determine eligibility for work or service pursuant to 42 U.S.C. 12645g

I have received a copy of the FBI Privacy Act Statement. I authorize the FBI to disclose any information it maintains to CNCS during the processing of this criminal history record check and for as long hereafter as may be relevant to the activity for which this criminal history record check is being conducted.

I understand that selection into the program is contingent upon CNCS review of my criminal history results. I may review the results but cannot be given a copy of the results. I will be allowed to challenge the completeness and accuracy of the record as per the UCSS grievance policy.

I understand that while the results of the required criminal registry checks are pending I am not permitted to have access to children or vulnerable adults without being accompanied by authorized representative.

Current full name \_\_\_\_\_

As per your legal state issued ID                      Last                      First                      Middle

List any other names you have gone by (including married names or maiden names)

Date you moved into your current residence: \_\_\_\_\_

Month / Year

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Month / Day / Year

Have you ever been convicted or have pending convictions of any law other than minor traffic violations?     No             Yes, please list:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Representative

\_\_\_\_\_  
Date



**Media Consent Form**  
Utah County Senior Services  
a division of the  
Utah County Health Department



Name \_\_\_\_\_ Date \_\_\_\_\_  
(Print or type)

Address \_\_\_\_\_  
Street City Zip Code

Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

I hereby grant permission to Utah County Senior Services / Utah County Health Department to use my:

- Photograph
- Video Taped Image
- Quotes / Comments
- Full Name
- First Name Only
- First Name & Last Initial (ex. Bill W.)

I understand that my name, image, and statements (as indicated above) may appear in various news media such as television, radio, and newspapers. These may be used for publicity and educational purposes in any and all publications and media without limit or compensation by Utah County Senior Services / Utah County Health Department. I also understand that I may revoke this consent at any time.

\_\_\_\_\_  
Signature Date

If you are a legal guardian signing for a minor, please complete this form with name and information above. Please provide the minor's name, age, and relation here:

Minor Name \_\_\_\_\_ Age \_\_\_\_\_

Parent / Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian Date

Please Return Original Document To:  
Utah County Senior Services  
151 S University Ave Suite 2200  
Provo, UT 84601