

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
Total:	\$	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) _____



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