



Dear prospective Foster Grandparent Program Volunteer,

Thank you for your inquiry and interest in the Foster Grandparent Program (FGP). Enclosed is the program brochure and volunteer application. Please complete the application and mail it back to me.

Foster Grandparent volunteers:

- Are pre-screened, must provide three references and successfully complete an FBI fingerprint background check.
- MUST attend a pre-service orientation and monthly in-service meetings (stipend paid for these).
- Are matched and placed as a volunteer in an elementary school, Head Start program, after-school program, etc. in the community in which they live. All volunteering takes place in the school or program.
- Receive a small stipend (stipend rate is \$2.65/hour).
- Must volunteer a MINIMUM of 15 hours/week up to 40 hours/week.
- Receive \$0.54/mile for miles they drive to and from their volunteer site, reimbursement for a bus pass, or provided with bus tickets.
- Are allowed to eat a lunch at their volunteer site or receive a \$2.50/day allowance for lunch (maximum \$30/month).
- Must attend a monthly in-service (typically the first Friday of each month, 4 hours long).

**Note:** *By federal rule all monies received are NON-TAXABLE and do not count as income for the purposes of determining benefits (food stamps or subsidized rent, etc.).*

Once you return the application, we will screen for eligibility (age and income guidelines) and then call you to schedule an interview (*see back page for details*).

Income guidelines	
\$2010/month – 1 family member	\$3403/month – 3 family members
\$2706/month – 2 family members	\$4100/month – 4 family members

Thanks so much for your interest!

Sincerely,

A handwritten signature in cursive script that reads 'Khela Singer'.

Khela Singer  
Foster Grandparent Program Coordinator

## **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; and,
  - (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 and/or ***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 doctor 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).