



**Form 13
Volunteer Foster Grandparent Program
Initial Application**

Name _____

Address _____

Email address _____ phone or cell _____

Best way to contact you (please circle) phone or cell email

Marital status (please circle) Married Partner Widow(er) Single Divorced Legally separated

Where did you hear about the Foster Grandparent Volunteer Program? (please circle)
library case worker senior center senior meal site senior employment agency church
doctor friend/neighbor AARP bulletin board other _____

Please feel free to use the back of this page if you need more room to answer any of these questions

Why are you interested in becoming a Foster Grandparent Volunteer?

Please describe any previous volunteer experience

What experiences have you had working with, or volunteering with children?

Do you have any special skills which you feel may be helpful?

Language(s) spoken circle English Spanish Russian Chinese Or other? _____

Number of hours you plan to volunteer, 5 is the minimum (please circle) 15 16-20 21-25 >25

CRIMINAL BACKGROUND INFORMATION

- I have NEVER been arrested or convicted of any sexual crime(s)
- I have NEVER been arrested or convicted of murder
- I will consent to a criminal background check including fingerprints and a
- National Sex Offender Registry check
- I understand that false statements about my criminal history will make me ineligible to serve in the Foster Grandparent Program.
- I do have a record. Please explain (use back of form for more space)

REFERENCES List 3 character references that we may contact—do **not** list relatives
(please print)

Name _____ Phone _____

Email _____ Relationship _____

Name _____ Phone _____

Email _____ Relationship _____

Name _____ Phone _____

Email _____ Relationship _____

AGE AND INCOME VERIFICATION To qualify, FGP Volunteers' income information is required by the Corporation for National & Community Service (CNCS), which sponsors the Foster Grandparent Volunteer Program. All information provided will be kept strictly confidential.

Date of Birth ___/___/_____ Number in household supported by income listed below _____

“Household” means the individual spouse and any dependents as defined by the IRS: that is, members of the same household who file taxes together or are claimed as dependents on tax return records

MONTHLY INCOME	SELF	SPOUSE (if applicable, see above)
Social Security benefits	\$ _____	\$ _____
Supplemental Security Income (SSI)	\$ _____	\$ _____
Income from pensions	\$ _____	\$ _____
Annuities, stocks, bonds	\$ _____	\$ _____
Rental income from real estate	\$ _____	\$ _____
Interest	\$ _____	\$ _____
Retirement benefits	\$ _____	\$ _____
Miscellaneous income	\$ _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____	\$ _____

MONTHLY medical and other expenses (ok to estimate these costs)

*****NOTE** Out-of-pocket medical and other expenses for you and your spouse and any dependent claimed on tax returns are deductible from income, and may help to qualify you for the program

	SELF	SPOUSE (if applicable)
Medicare, health insurance premiums	\$ _____	\$ _____
Prescriptions & medical supplies	\$ _____	\$ _____
Nutritional supplements	\$ _____	\$ _____
Hospital expenses & in-home nursing	\$ _____	\$ _____
Co-pays for medical appointments	\$ _____	\$ _____
Health care services & therapies	\$ _____	\$ _____
Child support by a non-custodial parent	\$ _____	\$ _____
Other	\$ _____	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____	\$ _____

See page 5 of this form for a more detailed explanation of what you may claim

FOR INTERNAL PURPOSES - Completed by FGP staff

TOTAL Annual Income _____

MINUS Annualized out-of-pocket medical and other expenses _____

EQUALS = ANNUAL INCOME \$ _____

Current age _____

Income is OK **Applicant is above income** **Age is OK** **Younger than 55** (please circle)

Initial _____ **Date** _____

Certification

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation will result in my being eliminated from further consideration. I further understand that if accepted for a Foster Grandparent Volunteer position with Multnomah County Aging and Disability Services (ADVSD), any material misrepresentations or omissions will result in termination and disqualification as FGP Volunteer.

I agree to complete such additional release forms that ADS may require to secure information related to this application and my ability to serve as a Foster Grandparent volunteer.

If accepted into the Foster Grandparent Program, I recognize the instructions, rules, and policies of ADVSD and will adhere to these to the best of my ability. I understand that if I am accepted, my position can be terminated at any time, with or without cause and with or without notice, either by myself or by ADVSD.

Applicant signature _____ **Date** _____

**Please email this application to fgp@multco.us or
Mail to: Multnomah County ADVSD
Volunteer Foster Grandparent Program
209 SW 4th Ave, Ste 510
Portland, OR 97204**

***NOTE “Income”** refers to total cash or in-kind receipts before taxes from all sources. Below are the **income sources you should include**

–Money, wages, and salaries before any deduction, **but not** including food or rent in lieu of wages.

–Receipts from self-employment or from farm or business after deductions for business or farm expenses

–Regular payments such as public assistance, Social Security, Unemployment or Workers Compensation, strike benefits, training stipends, alimony, child support, and military family allotments; or regular support from an absent family member of someone not living in the household

–Government employee pensions, private pensions, regular insurance, annuity payments and Income from dividend, interest, net rents, royalties, or income from estates and trusts

****NOTE “Income” does NOT** refer to the following money receipts. You should **NOT list**

–Foster Grandparent Volunteer stipend does NOT count as income, do not list

–Any asset drawn down as withdrawals from a bank, sale of a property, house or car, tax refunds, gifts, one-time insurance payments, compensation from injury

–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 or non-farm housing

*****Further NOTE**

Medical expenses deductions are helpful when your income is over the income guidelines. But if you met the income guidelines in the first place, you qualify for the program. Complete the information above to your best knowledge. Our FGP Volunteer Program understands that your deductions are estimates of your annual expenses.

Allowable medical expenses deductible from income according to the FGP Volunteer Program regulations are out-of-pocket medical expenses such as health insurance premiums, health care services, medications provided to the applicant, enrollee, or spouse which were not or will not be paid by Medicare, Medicaid, other insurance or other third party payor, and which **do not exceed 50% of the applicable income guideline.**

Examples of **allowable out-of-pocket medical expenses deductible** are private health insurance, Medicare/Medicaid premiums, co-pays and deductibles, long term care insurance. Also prescription drugs, in fact **any total prescription costs you pay out-of-pocket** such as pharmacy program copayments and deductibles, and **medical bills for office visits** Including, but not limited to, **medical care, dental care, and vision care.**

Other out-of-pocket deductible medical expenses could be a one-time medical expense such as a kind of equipment, supplies, dentures, hearing aids, eyeglasses, wheelchairs, assistive devices, and such. Over-the-counter drugs and supplies, pain relievers, antacids, hearing aid batteries, bandages, heating pads, braces, vitamins, non-prescription eye-glasses, and such are also deductible.