



PeopleInc

Where your world opens up.

SENIOR COMPANION APPLICATION AND ELIGIBILITY FORM

Name (Typed or Printed)

Signature

Date

Years of School Completed _____

Previous Occupations _____

Physical Condition: Excellent- Good- Fair- Poor-

Please Explain: _____

Contact in case of Emergency:

Name: _____

Address: _____

Phone #: _____

Relationship: _____

Physician:

Name _____

Telephone Number: _____

Tell us why you want to be a Senior Companion _____

Do you have your own means of transportation? Yes No

If not, what kind of transportation do you plan to use? _____

Are you a veteran? Yes No

List Memberships in Clubs and Organizations: _____

List Hobbies and Special Skills: _____

Language(s) Spoken _____

Willing To Serve: Mornings- Afternoons- Evenings- Saturdays- Sundays-

Check any week day you are unable to serve: Mon- Tues- Wed- Thurs- Fri-

Do you have any criminal convictions (Other than parking violations and juvenile offenses)?
Yes- No- If yes, please describe _____

Do you consent to the Senior Companion Project performing or arranging for a criminal history check in accordance with the Federal requirements for the Senior Companion Program?

Yes- No-

Please list two character references (not relatives)

	<u>Name</u>	<u>Address</u>	<u>City</u>	<u>Phone</u>
1.	_____			
2.	_____			

Please submit this application, along with the attached income eligibility form, to:

People Inc.
Senior Companion Program
2635 Delaware Ave, Suite E
Buffalo, NY 14216
(716)768-2381
ajax@people-inc.org

ELIGIBILITY FORM FOR SENIOR COMPANION APPLICANTS

In order to receive a stipend a Senior Companion must be at least 55 years of age and cannot have an annual income from all sources, after deducting allowable medical expenses, which exceeds the program's income eligibility guideline for the state in which he or she resides. Annual income is required to be counted for the *past 12 months* for serving volunteers and is *projected* for the next 12 months for new applicants.

Name: _____ Phone: (____) ____ - _____ Birth Date: __/__/__

Address: _____
 Street City State Zip

Number in household: _____

Marital Status: Married Widow(er) Single Divorced Legally Separated

In all categories below list all sources of income for the volunteer applicant and spouse, if living in same residence.

Current Income from all sources of Applicant and Spouse, if living in same residence	A. Volunteer's Monthly Income	B. Spouse's Monthly Income	C. Total Monthly Income (A+B)		D. Total Annual Income (C x 12)
Social Security	\$ _____	\$ _____	\$ _____	x 12 mo.	\$ _____
SSI / SSDI	\$ _____	\$ _____	\$ _____	x 12 mo.	\$ _____
Pension	\$ _____	\$ _____	\$ _____	x 12 mo.	\$ _____
Interest/Dividends	\$ _____	\$ _____	\$ _____	x 12 mo.	\$ _____
Other: see back for list of other countable income	\$ _____	\$ _____	\$ _____	x 12 mo.	\$ _____
COLUMN TOTALS	\$ _____	\$ _____	\$ _____	x 12 mo.	\$ _____

Allowable deductions for medical expenses, if any. Please note up to 50% of the maximized qualifying amount can be deducted. See reverse side for examples of allowable medical deductions.

Health Insurance Premiums	\$ _____ per month	or \$ _____ per year
Prescription Drugs	\$ _____ per month	or \$ _____ per year
Doctor visits/medical bills	\$ _____ per month	or \$ _____ per year
Other allowable medical costs	\$ _____ per month or \$ _____ per year	
	\$ _____ Total per month	\$ _____ Total per year

FOR OFFICE USE ONLY:

Total Household Annual Income: \$ _____

Minus total allowable medical expense deduction: - _____

Equals **Total Annual Qualifying Income:** \$ _____

I certify that the information furnished above is correct and understand that falsification of information may result in my being deemed ineligible to receive a stipend as a Senior Companion. *I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both under Section 1001 of Title 18, U.S.C.*

VOLUNTEER SIGNATURE

DATE

SIGNATURE OF SPONSOR STAFF REVIEWER

DATE

INFORMATION FOR PROJECT STAFF

What is considered income for determining volunteer eligibility?

According to Section 2551.43 of the Senior Companion 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.
 - (2) Food Stamps.

What are allowable medical expenses that may be deducted from income?

According to the Senior Companion Regulations, 2551.42 (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)

What 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.