

Foster Grandparent Program

Income Eligibility Form

The Foster Grandparent Program is required to verify income for all volunteers every year. Please fill this form out as completely as you can. List all sources of income including your spouse's income. All information is confidential.

Name: _____

Number of Dependents (including yourself): _____ Marital Status: _____

Current Address: _____

Note: New Foster Grandparents should project their income for the next 12 months.
Current Foster Grandparent must report their actual income for past 12 months.

Actual MONTHLY Income		Actual MEDICAL MONTHLY Out-of-Pocket Expenses	
Social Security Benefits (SSI)/(SSDI)	\$	Health Insurance	
Income from Annuities	\$	Prescriptions drugs	
Income from Pensions	\$	Dx visits/medical bills	
Net Rental Income from Real Estate	\$	Other	
Interest Received	\$		
Income from Stocks & Bonds	\$		
Other Income	\$		
Total Monthly Income	\$ (A)	Total Monthly Expenses	\$ (C)
Total Annual Income (Ax12)	\$ (B)	Total Annual Expenses (Cx12)	\$ (D)
ADJUSTED ANNUAL INCOME (B minus D)		\$	

I certify that the information furnished above is correct and I understand that falsification of any information may result in my termination as a Foster Grandparent. 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.

Foster Grandparent Signature _____

Program Manager Signature _____ Date of Review _____



AmeriCorps
Seniors



United Way of
Northwest Vermont

Examples of Out-of-Pocket Medical Expenses

Health Insurance Costs:

- Private Insurance/Medicare/Medicaid Premiums
- Private Insurance/Medicare/Medicaid Co-Payments
- Private Insurance/Medicare/Medicaid Deductibles
- Pharmacy Program Premiums

Prescription Drugs:

- Pharmacy Program Co-Payments
- Pharmacy Program Deductibles
- Other personal payments for prescription drugs

Dr. Visits/Medical Bills:

- Medical Care
- Dental Care
- Psychotherapy
- Rehabilitation
- Hospitalization
- Outpatient Care
- Nursing Care
- Transportation /Lodging to obtain medical treatment or services (mileage calculated at \$.625/mile, taxi, bus, hired transportation)
- Regular payments on old bills

Other Out-of-Pocket Medical Expenses:

- One-time medical expenses
- Equipment (medical supplies, dentures, hearing aids, prosthetics, prescription glasses, wheelchairs, canes, lifeline service)
- Over the Counter Drugs and supplies (pain relievers, antacids, hearing aid batteries, vitamins, non-prescription glasses)
- Please discuss any other items with the Program Manager