



## Department of County Human Services

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Aging, Disability & Veterans Services Division

Dear prospective Foster Grandparent Program Volunteer,

Thank you for your inquiry and interest in the Volunteer Foster Grandparent Program (FGP). Enclosed on this webpage is a downloadable or google form volunteer application. Please complete the application either electronically or download the application and email it to [fgp@multco.us](mailto:fgp@multco.us) or mail it to the address below.

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 \$4.00/hour).
- Must volunteer a MINIMUM of 5 hours/week up to 40 hours/week.
- Receive \$0.67/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 \$4.65/day allowance for lunch (maximum \$30/month).
- Must complete 20 hours of pre-service training and attend a monthly in-service (typically the first Friday of each month, 3.5 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 3rd & 4th page for details).

Income Guidelines per household	
Household Size:	Yearly Income for full household
Single Person	\$30,120 per year
2 Person	\$40,880
3 Person	\$59,380
4 Person	\$62,400

Sincerely,  
Volunteer Foster Grandparent Program

## **§ 2552.44 What is considered income for determining volunteer eligibility?**

(a) For determining eligibility, “income” refers to total cash and in-kind receipts before taxes from all sources including:

- (1) Money, wages, and salaries before any deduction;
- (2) Receipts from self-employment or from a farm or business after deductions for business or farm expenses;
- (3) Social Security, Unemployment or Workers Compensation, strike benefits, training stipends, alimony, 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, regular insurance or annuity payments, and 401(k) or other retirement savings plans;
- (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.
- (3) Regular payments for public assistance including the Supplemental Nutrition Assistance Program (SNAP).
- (4) Social Security Disability or any type of disability payment.
- (5) Food or rent received in lieu of wages.

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

According to the [AmeriCorps Seniors] FGP Regulations, 2552.43(c) and SCP Regulations, 2551.43(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 include but are not limited to:

### **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 not covered by health insurance

### **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 not covered by health insurance: pain relievers, antacids, hearing aid batteries, vitamins, non-prescription eye glasses