

Foster Grandparent Program of the Concho Valley

Concho Valley Council of Governments

5430 Link Rd San Angelo, TX 76904
Phone: (325) 944-9666 Fax: (325) 944-9925



Dear Foster Grandparent Prospect,

Thank you for your interest in becoming a Foster Grandparent Program volunteer. This program, funded through a federal grant awarded to the Concho Valley Council of Governments (CVCOG) on an annual basis by AmeriCorps Seniors focuses primarily on a person-to-person relationship between an older person and a child with special or exceptional needs. It is a mutually beneficial relationship.

The program provides low-income men and women age 55 and older an opportunity to work a regular schedule 10-40 hours per week. The FGP volunteer receives a monetary stipend for each hour of service that is non-taxable and does not affect your eligibility for other assistance programs.

Please complete these forms and return them to my office. Please make sure that all *income from you* and your spouse (if married) is included. We will also **require** a current *copy of your driver's license/State I.D. card, auto insurance (if you drive), proof of income (Social Security + proof of any other income), and a voided check*, I will contact you for a personal interview and we will proceed with the selection process at that time.

Assignments for volunteers will occur in the schools, Head Start Programs, day care facilities, or after school programs that serve children. If you are selected for the program, there will be a 20-hour pre-service orientation and training program which must be completed prior to placement. If you have any questions or need any assistance in completing the application packet, please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads 'Clementine Urista'.

Clementine Urista, Manager
Foster Grandparent Program
Concho Valley Council of Governments



**FOSTER GRANDPARENT PROGRAM
OF THE CONCHO VALLEY
VOLUNTEER APPLICATION**



**AmeriCorps
Seniors**

Name: Last First Middle

Mailing Address: Street City Zip Code

Physical Address (if different from mailing address):

Home Phone: Cell Phone:

Age: Birthdate: Birthplace:

US Citizen? _____ If No, citizen of what country? _____

Married Single Divorced Widowed

Are you a military veteran? Yes No

Are you the spouse of a military veteran? Yes No

Are any members of your immediate family
serving in the military? Yes No

Why do you want to be a Foster Grandparent?

Education and Work Experience:

Highest level of school completed (please circle):

- 1 2 3 4 5 6 7 8 9 10 11 12 GED
- Associate's Degree Bachelor's Degree Master's Degree Other

Please list previous occupations:

Position-Related Questions: These questions will assist the FGP staff in placing you for service. These questions are not intended to disqualify you from the program. Reasonable accommodations may be available.

1. This Volunteer position may require any or all of the following: prolonged sitting, standing, bending/stooping; lifting a small infant/child; climbing stairs; kneeling; sitting on the floor/low chairs; walking; and exposure to weather. How well do you feel you can perform these duties?

- Very Well Good Fairly Well Not Very Well

2. What is your primary spoken language?

- English Spanish Other: _____

3. What is your primary written language?

- English Spanish Other: _____

4. How would you rate your English reading skills?

- Excellent Good Fair Poor Cannot read English

5. How would you rate your Math skills?

- Excellent Good Fair Poor Cannot do Math

6. How would you rate your reading comprehension skills?

Excellent Good Fair Poor

7. How would you rate your listening skills?

Excellent Good Fair Poor

8. How would you rate your patience with others?

Excellent Good Fair Poor

When are you available to serve?

Mornings Afternoons Both

How many hours per week would you like to serve? _____

Transportation:

I have my own transportation.

I will need to ride the bus to and from my assignment. (Note: The Foster Grandparent Program covers the cost of riding the bus to and from your assignment.)

Printed Name

Signature

Date

FOSTER GRANDPARENT PROGRAM SERVICE AGREEMENT

I am willing to serve as a volunteer in the Foster Grandparent Program (FGP) of the Concho Valley, sponsored by the Concho Valley Council of Governments. I understand that the typical assignment will be 10-40 hours per week, depending on my personal availability and the scheduling needs of my assignment and that I will receive the following benefits from my participation in this program:

1. A non-taxable stipend of \$4.00 for each hour of service, training, personal leave and holidays time. The maximum number of stipend hours per year (July – June) is 2080 hours. Payments are electronically deposited in the volunteer's bank account.
2. Paid annual leave hours based on the number of hours of service.
3. Holiday pay based on the holiday schedule established by the Concho Valley Council of Governments and the provisions in the Foster Grandparent Volunteer Handbook.
4. Mileage reimbursement for the use of my personal vehicle to and from my assignment. For volunteers who do not have a vehicle, bus transportation will be provided and paid for by the Foster Grandparent Program.
5. On-duty supplemental accident insurance.
6. Financial assistance with obtaining an annual physical exam if needed.
7. At least one annual event to recognize the service of volunteers in the Foster Grandparent Program.
8. An FGP uniform to be worn during my volunteer service.

Printed Name

Signature

Date

FGP-SCP VOLUNTEER INCOME VERIFICATION FORM

Foster Grandparent Program Senior Companion Program

In order to receive a stipend, a program volunteers 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 volunteers currently serving and estimated for the upcoming 12 months for new volunteers.***

Name: _____ Phone: _____

Address: _____, TX _____
Street Address City ZIP

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

Number of People in Household: _____ Current Volunteer New Applicant

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 volunteer and spouse (if living in the 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 | | | | |
| Pension / Retirement Savings Plan | | | | |
| Interest/Dividends | | | | |
| Other: (see reverse side) | | | | |
| COLUMN TOTALS | | | | |
| <i>Allowable deductions for medical expenses, if any. Please note that up to 50% of the maximized qualifying amount can be deducted. See reverse side for examples of allowable medical deductions. (If the Total Annual Income is less than the appropriate income limit, there is no need to calculate medical expenses.)</i> | | | | |
| 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 (see back) | \$ | Per month or | \$ | Per year |

I certify that the information furnished above is correct and I understand that the falsification of information may result in my being deemed ineligible to receive a stipend as a Foster Grandparent or 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: _____

For Office Use Only:

| | |
|---|----------|
| Total Household Income for _____ for _____ | \$ _____ |
| Less: Allowable medical expenses (if needed to meet income requirements): | \$ _____ |
| Total Annual Qualifying Income in _____: | \$ _____ |
| Maximum Allowable Income Under CNCS Guidelines for _____: | \$ _____ |

Income-eligible for _____ Not income-eligible for _____

FGP/SCP Staff Signature: _____ Date: _____

What is considered income for determining volunteer eligibility?

According to Section 2552.44 of the FGP Regulations and 2551.44 of the SCP 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;
 - (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; 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;
 - (3) Regular payments for public assistance including the Supplemental Nutrition Assistance Program (SNAP)
 - (4) Social Security Disability or any type of disability payment; and
 - (5) Food or rent received in lieu of wages.

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

According to the 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 Doctor 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

When and where are the current income eligibility guidelines published?

AmeriCorps Seniors publishes the annual income eligibility guidelines shortly after the issuance of the HHS Poverty Guidelines, usually in January. When issued the income eligibility guidelines are posted at [Senior Corps Resources](#) under "Manage Senior Corps Grants."

National Service Criminal History Check (NSCHC)

Candidate: _____

Program: Foster Grandparent Senior Companion

Check One of the Following:

Recurring access to vulnerable populations? Yes

Episodic access to vulnerable populations? Yes

No access to vulnerable populations? Yes

Date volunteer began service (including pre-service training): _____

Verify identity through government-issued photo identification and obtain consent from the candidate to perform a criminal history check.

**Copy of Driver's License or
Other Government-
Issued ID Goes here.**

Date Identify Verified:

Signature of Person Verifying the Identity:

Title:

Candidate's Consent to Conduct Criminal Background Check

"I hereby give my permission for the Concho Valley Council of Governments to obtain information relating to my criminal history record through the Texas Department of Public Safety, the Federal Bureau of Investigation, the National Sex Offender Public Website, and other sources as necessary. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea agreements and deferred adjudications. I understand that this information may be used, in part, to determine my eligibility for a volunteer position with this program. I also understand that as long as I remain a volunteer with this program, the criminal history record check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and that a procedure is available for clarification if I dispute this record as received.

"I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify the Concho Valley Council of Governments and each of its officers, directors, employees, and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer with this program."

Candidate's Signature

Candidate's Full Printed Name

List Maiden Name or Any Other Name(s) Used:

Date: _____

Criminal Background Check Process Documentation

Determine check types. Access to vulnerable populations and the individual's start date will determine the components of the NSCHC that will be needed. Persons with recurring access to vulnerable populations will require all three checks.

NSOPW

State of Texas Check

FBI Fingerprint Check

Select sources. When going through a vendor, make sure to get results from AmeriCorps Seniors-approved sources. Double-check list of AmeriCorps Seniors-approved sources for State of Texas before starting the NSCHC.

Perform a free, nationwide NSOPW search before the candidate begins work or service and maintain documentation. Obtain screen shots or documentation of results from NSOPW that clears the candidate. Be sure to verify that all states and jurisdictions are included in the search. If the candidate appears in the NSOPW, he or she is disqualified from service. If there are individuals on the NSOPW with the same name as the candidate, include documentation that shows that the candidate is not one of those listed.

Date NSOPW Check Performed: _____

Date NSOPW Results Received: _____

Complete a State of Texas background check through the Texas Department of Public Safety website. State check must be completed before the candidate begins work or service. Maintain documentation. Maintain printout of the fingerprint scheduling and of the State of Texas results.

Date State of Texas check initiated: _____

Date State of Texas results received: _____

Web Site Checked: TXDPS Secure Website

<http://secure.txdps.state.tx.us>

Complete a State of Residence background check (if the candidate lives in another State) through the appropriate State criminal history website. State of Residence check must be completed before the candidate begins work or service. Maintain printout of the results.

Date State of _____ check initiated: _____

Date State of _____ results received: _____

This check not required because candidate lives in the Texas and will be serving in Texas.

Complete an FBI fingerprint-based background check through an approved vendor. FBI checks must be completed before the candidate begins work or service. Maintain documentation. Maintain printout of the fingerprint scheduling and of the State of Texas results.

Date FBI Fingerprint-based check initiated: _____

Date FBI Fingerprint-based results received: _____

Web Site Checked: TXDPS Secure Website

<http://secure.txdps.state.tx.us>

Was a name-based search required due to an inability to get a satisfactory fingerprint reading?

No. Name-based search not required.

Yes. Date request submitted to FBI: _____

Date results received from FBI: _____

Provide opportunity for the candidate to review and challenge the findings, being mindful of civil rights laws, particularly when negative results surface.

Clearance from Other Agencies: Is this candidate going to be assigned to a site which may also require clearances from other agencies prior to placement (i.e., Early Head Start, Head Start, public or private schools, other?)

No. Yes. Site: _____

Agency: _____

Contact Person at Agency: _____

Date Cleared by Agency for Service: _____

Provide any information from the agency concerning the assignment of this volunteer:

I hereby attest that the criminal background checks on this candidate were conducted in accordance with the policies and procedures established by AmeriCorps Seniors and that the results of these checks were carefully considered, along with other relevant information, when making a decision concerning the acceptance of this candidate into the program indicated above.

Program Manager: _____ Date: _____

Director of Senior Volunteer Programs: _____ Date: _____

Texas Law Concerning the Confidentiality of Criminal History Documentation

Texas Government Code §411.084 states:

"(a) Criminal history information obtained from the department (Department of Public Safety) under this subchapter:

- (1) Is for the exclusive use of the authorized recipient of the information; and
- (2) May be disclosed or used by the recipient only if, and only to the extent that, disclosure or use is authorized or directed by:
 - (A) this subchapter;
 - (B) another statute;
 - (C) a rule adopted under a statute; or
 - (D) an order of a court of competent jurisdiction.

(b) Notwithstanding Subsection (a) or any other provision in the subchapter, criminal history record information obtained from the Federal Bureau of Investigation may be released or disclosed only to a government entity or as authorized by federal statute, federal rule, or federal executive order."

Consequently, the results of the criminal background check on this individual are filed in a secure location at the Concho Valley Council of Governments and are not available for general review by persons not authorized under the procedures established by the Texas Department of Public Safety. The background check documents that will be maintained in the volunteer's service folder and available for review are:

1. Volunteer's ID used to verify identity and volunteer's written consent to conduct the criminal history check.
2. Results of check from the National Sex Offender Public Website (NSOPW).
3. Summary of documentation concerning the State of Texas and FBI background checks.
4. Any accompaniment documentation for the volunteer.