

# 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



**AmeriCorps  
Seniors**

Dear Foster Grandparent Prospect,

I appreciate 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) annually by AmeriCorps Seniors, focuses primarily on a mutually beneficial relationship between an older person and a child with unique or exceptional needs.

The program allows low-income men and women 55 and older to work 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 the application form and return it to my office. I will also need the following documents.

- All income from you and your spouse (if married)
- Proof of income – Social Security, Pension, and any other source of income
- Valid driver's license or State ID card,
- Auto insurance (if you drive)
- Voided check.

I will contact you for a personal interview, and we will proceed with the selection process at that time.

Volunteer assignments will occur in schools, Head Start Programs, daycare facilities, or after-school programs that serve children. You must complete a 20-hour pre-service orientation and training program before placement if selected for the program. Please get in touch with me if you have any questions or need assistance completing the application packet.

Sincerely,

A handwritten signature in cursive script that reads "Clementine Urista".

Clementine Urista, Programs 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/ PO Box City Zip Code

Physical Address (if different from mailing address):

How long have you lived here? \_\_\_\_\_

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?**

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**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:

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**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 accommodation may be available.**

1. This Volunteer position may require any or all 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     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 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.)

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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 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 holiday time. The maximum number of stipend hours per year (July – June) is 2080. Payments are electronically deposited in the volunteer's bank account.
2. Paid annual leave hours based on the number of service hours.
3. Holiday pay is 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 using my personal vehicle to and from my assignment. The Foster Grandparent Program will provide and pay for bus transportation for volunteers who do not have a vehicle.
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.

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Printed Name

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Signature

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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 a farm or business after deductions for business or farm expenses.
  - (3) Social Security, Unemployment or Workers' Compensation, strike benefits, training stipends, alimony, military family allotments, or other regular support from an absent family member or someone not 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 are 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 includes the bonus value of food and fuel produced and consumed on farms and the imputed rent value from owner-occupied or non-farm housing.
  - (3) Regular payments for public assistance, including the Supplemental Nutrition Assistance Program (SNAP)
  - (4) Social Security Disability or any disability payment; and
  - (5) Food or rent received instead 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 that were not and will not be paid by Medicare, Medicaid, other insurance, or other third-party pay and ***that 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, and vision care not covered by health insurance

**Other out-of-pocket medical expenses:** **One-time** medical expenses include equipment, denture supplies, hearing aids, eyeglasses, wheelchairs, canes, etc. Over-the-counter drugs and supplies not covered by health insurance include pain relievers, antacids, hearing aid batteries, vitamins, and non-prescription eyeglasses.

**When and where are the current income eligibility guidelines published?** AmeriCorps Seniors publishes the annual income eligibility guidelines shortly after issuing the HHS Poverty Guidelines, usually in January. When issued, the income eligibility guidelines are posted at [Senior Corps Resources](#) under "Manage Senior Corps Grants."