APPLICATION

A Senior Companion must be at least 55 years of age and have an annual income, after deducting allowable medical expenses, at or below the income eligibility guideline. List all sources of income **projected** for the *next 12 months*. List the gross amount (before any deductions) of the income. Check for accuracy. This information will be kept confidential.

Name: ______________________ **Telephone:** ______________

Present Address: ______________________________________

City/State/Zip: ______________________________________

Date of Birth: __________ **Social Security Number:** ____________ **Number in household:** _____

Referred to the program by: ______________________________

Marital Status: ☐**Married** ☐**Widow(er)** ☐**Single** ☐**Divorced** ☐**Legally Separated**
Veteran: ☐**Yes** ☐ **No** **Race/Ethnicity: 1)** ☐ **Native American 2)** ☐ **Asian 3)** ☐ **Black**
4) ☐ **White 5)** ☐ **Hispanic or Latino**

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

Current gross 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 Gross Income (C x 12)**
Social Security	$	$	$	x 12 mo.	$
Supplemental Security Income (SSI)/ Social Security Disability (SSDI)	$	$	$	x 12 mo.	$
Pension/Retirement Savings Plan	$	$	$	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 Gross 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** **REVIEWED BY SCP DIRECTOR** **DATE**

What is considered income for determining volunteer eligibility?

According to Section 2551.43 of the Senior Companion 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, 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 401(k) or other retirement savings; 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 Senior Companion Regulations, Section 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

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)

When and where 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 call 1-605-361-1133 or 1-888-239-1210 toll free.

DRIVER'S LICENSE AND AUTO LIABILITY INSURANCE:

Do you drive your own vehicle? Yes ___ No ___
(Complete the following only if you will drive your clients to appointments and errands.)

If so, do you have vehicle liability insurance that would cover a passenger's injury at the level required by the State of South Dakota? Yes ___ No ___

Do you have a valid SD Driver's License? Yes___ No___

ACCIDENT RECORD FOR THE PAST FIVE YEARS:

	DATE	NATURE OF ACCIDENT (head-on, rear-end, etc.)	Were you at fault?	Injuries/Fatalities
1.				
2.				
3.				

TRAFFIC CONVICTIONS (Moving Violations only) for the past 5 years:

	Location (City & State)	Date	Infraction	Penalty
1.				
2.				
3.				

(Attach a sheet if more space is needed.)

Have you ever been denied a license or a driving permit? Yes__ No__

Has any license, permit, or privilege ever been suspended or revoked? Yes__ No__

REFERENCES: Two persons, not relatives, who have known you at least a year:

____

Name **Phone**

____

Address **City/State** **Zip**

____

Name **Phone**

____

Address **City/State** **Zip**

PERSON TO NOTIFY IN EMERGENCY:

Name ______________________________

Address ____________________________

City/State/Zip _______________________

Phone ______________________________

Relationship _________________________

PHYSICIAN:

Name ______________________________

Clinic ______________________________

Address ____________________________

City/State/Zip_________________________

Phone ______________________________

WORK EXPERIENCE:

Paid ____

Volunteer ____

Experience caring for the ill or disabled (including relatives) ________________________________
____

Hobbies/Skills/Interests ____
____

Organizations/Groups/Clubs ____
____

Education Level: ____

Do you speak any foreign languages? Yes ___ No ___

Do you know sign language? Yes ___ No ___

SENIOR COMPANION CRIMINAL ACTIVITY RECORD:

Since volunteering as a Senior Companion involves working independently in private homes for vulnerable adults, we need to be aware of any history of crimes.

Have you ever been convicted of a misdemeanor or felony? Yes___ No___
If so, please explain:

1. **Date**__________ **Conviction Record**____

   City/State of Occurance____

2. **Date**__________ **Conviction Record**____

   City/State of Occurance____

3. Date__________ Conviction Record____

City/State of Occurance____

Please attach a sheet for additional information you would like to include. (A positive response to any of these will not automatically remove you from consideration.)

Since past criminal activity is a matter of public record, I understand that the Senior Companion Program will complete a criminal background inquiry of and review of such records.

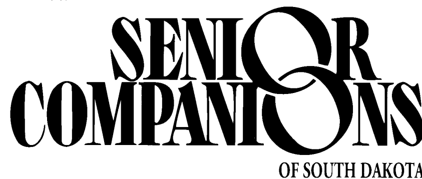
I will inform Senior Companions of SD of any moving violations or at-fault accidents that occur during my tenure as a Senior Companion. I agree to maintain the auto insurance on my vehicle if driving my personal auto as a volunteer. I also understand that it is SD law to wear a seat belt while driving and that I will do so, and that I will not transport a passenger who refuses to fasten or have their seatbelt fastened unless they have a medical exclusion by a physician certification.

I understand that this is an application for and not a commitment or promise of a volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application and in any interviews with the Senior Companion Program staff. I certify that the information provided is true, correct and complete to the best of my knowledge. I certify that I will not withhold any information that would unfavorably affect my application.

I understand that the information contained will be verified by the Senior Companions of SD Program, and that any misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position or termination as a volunteer by the Senior Companions of SD.

____ ____________________________

Applicant Signature **Date**



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605/721-8884

Senior Companions is an equal opportunity employer and provides services to qualified individuals without regard to race, color, sex, age, national origin, religion, or disability.