



Senior Companion Program of the Concho Valley

Concho Valley Council of Governments

5430 Link Rd. San Angelo, TX 76904

Phone: (325) 944-9666

Dear Senior Companion Prospect:

I appreciate your interest in becoming a Senior Companion Volunteer. This program, funded through grants from AmeriCorps Seniors, allows older citizens to assist the homebound elderly in our communities in remaining independent for as long as possible. At the same time, senior companions can engage in meaningful service activities and earn additional income that does not affect their eligibility for other services and programs. As a Senior Companion, you will receive a \$4.00 per hour stipend for each hour of service.

I am enclosing the application and an income verification form. One of the requirements for being a senior companion is that all participants must be low-income citizens. This is determined by considering your income from various sources and then deducting allowable medical expenses. We then compare that number against the income standards for the State of Texas to determine if you qualify as a low-income person. Please be assured that all your information will be strictly confidential and only be used to determine program eligibility. Your privacy is of utmost importance to us.

Please complete these forms and return them to my office. If we need additional Senior Companions, I will contact you for a personal interview, and we will proceed with the selection process at that time. If you are selected for the program, you will be required to complete a pre-service orientation and training program before placement with a client. If you have any questions or need assistance completing the application packet, please do not hesitate to contact me. I am here to support you throughout this process.

Sincerely,

A handwritten signature in cursive script that reads 'Clementine C. Urista'.

Clementine C. Urista, Programs Manager
Senior Companion and Foster Grandparent Programs



SENIOR COMPANION 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):

How long have you lived at this 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

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 program covers the bus cost to and from your assignment.)

Why do you want to be a Senior Companion?

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:

List Maiden Name or Any Other Name(s) Used

Printed Name

Signature

Date

SENIOR COMPANION PROGRAM SERVICE AGREEMENT

I am willing to volunteer in the Senior Companion Program (SCP) 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 Senior Companion Volunteer Handbook.
4. Mileage reimbursement for using my vehicle to and from my assignment. The Senior Companion Program will provide and pay for bus transportation for volunteers who do not have a car.
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 Senior Companion Program.
8. An SCP uniform to be worn during my volunteer service.

Printed Name

Signature

Date

What is considered income when 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, 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, 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."