HATTIESBURG FOSTER GRANDPARENT PROGRAM

INCOME ELIGIBILITY FORM

In order to receive a stipend, a Foster Grandparent’s annual income is required to be counted for the *past 12 months* for new applicants. Complete this form completely & accurately. **This information is kept confidential.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_\_) \_\_\_\_\_- \_\_\_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

 **Street City State Zip**

**Number in household**: \_\_\_\_\_

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Current 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 Income****(C x 12)** |
| Social Security | $ | $ | $ | x 12 mo. | $ |
| SSI / SSDI | $ | $ | $ | x 12 mo. | $ |
| Pension | $ | $ | $ | x 12 mo. | $ |
| Interest/Dividends | $ | $ | $ | x 12 mo. | $ |
| Other:  | $ | $ | $ | x 12 mo. | $ |
| **COLUMN TOTALS** | $ | $ | $ | x 12 mo. | $  |

|  |
| --- |
| Allowable deductions for medical expenses, if any.  |
|  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 |
| 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 Foster Grandparent.  *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 Annual Income: **$ \_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Eligible**Minus total allowable medical expense deduction: – **\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Ineligible**Equals **Total Annual Qualifying Income: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Bank Statement Received****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****HFGP DIRECTOR SIGNATURE DATE REVIEWED** |

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