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.***