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**Senior Companion Volunteer Application**

Please complete all fields- Blank fields will delay the application process

Full legal name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other names used or preferred nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, & Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Are you a veteran of the U.S. Armed Forces? **☐** Yes **☐** No

Race/Ethnicity: **☐** (1) Native American **☐** (2) Asian **☐** (3) Black **☐** (4) White **☐** (5) Hispanic or Latino

**What is your COVID-19 / Flu vaccination status**

**☐** I have received my COVID vaccinations \_\_\_\_\_\_\_\_\_ 1st Dose \_\_\_\_\_\_\_\_\_ 2nd Dose (Provide dates)

☐ I have received my annual influenza vaccination Date: \_\_\_\_\_\_\_\_\_\_\_\_

**☐** I would like to open and submit a religious application

**☐** I would like to open and submit a medical exemption application

**Contact in case of Emergency:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Senior Companion Program 2023 Income Eligibility Levels To Earn Hourly Stipend**

|  |  |
| --- | --- |
| Family Unit Size | Maximum Annual Income Allowed to Qualify for Hourly Stipend |
| 1 | $30,120 |
| 2 | $40,380 |
| 3 | $49,720 |
| 4 | $60,000 |

**Income Eligibility**

Please list all sources of gross income (before any deductions) ***projected*** for the next ***12 months***. You must have an annual income, after deducting allowable medical expenses, at or below the income eligibility guideline (see previous page). This information will be kept confidential.

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

Number in household \_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Source of Income  Include income for all living in household | A.  volunteer’s Monthly income | B.  partner’s  monthly  income | C.  TOTAL  income  (a + b) |  | d.  Yearly Income  (C x 12) |
| Salary / Wages | $ | $ | $ | x 12 mos. | $ |
| Social Security (before Medicare deduction) | $ | $ | $ | x 12 mos. | $ |
| Supplemental Security Income (SSI) | $ | $ | $ | x 12 mos. | $ |
| Pension / Retirement Savings Plan | $ | $ | $ | x 12 mos. | $ |
| Interest / Dividends | $ | $ | $ | x 12 mos. | $ |
| Other: See next page | $ | $ | $ | x 12 mos. | $ |
| TOTAL | $ | $ | $ | x 12 mos. | $ |

|  |
| --- |
| Allowable deductions for medical expenses, if any. Please note up to 50% of the maximized qualifying amount can be deducted. See next page 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** |

I certify that the information provided 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.*

|  |
| --- |
| **OFFICE USE ONLY**  Total yearly income $  Minus total allowable medical: -  Total Yearly Adjusted Income: $  Qualifying Income Level: $ |

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

Applicant Signature Date

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

SCP Director Signature Date

**\_\_\_\_\_\_\_ CHECK HERE IF YOU ARE NOT INCOME ELIGIBLE and would like to continue the**

**application process and serve as a non-stipend volunteer.**

**What is considered income for determining volunteer eligibility?**

According to Section 2551.44 of the Senior Companion Program Regulations:

1. For determining eligibility, “income” refers to total cash or in-kind receipts before taxes from all sources including:
2. Money, wages, and salaries before any deduction;
3. Receipts from self-employment for from a farm or business after deductions for business or farm expenses;
4. Social Security, Unemployment or Workers Compensation, strike benefits, training stipends, alimony, and military family allotments, or other regular support from an absent family member or someone not living in the household;
5. Government employee pensions, private pensions, regular insurance or annuity payments, and 401(k) or other retirement savings plans;
6. Income from dividends, interest, net rents, royalties, or income from estates and trusts.
7. For eligibility purposes, income does **NOT** refer to the following money receipts:
8. 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;
9. 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;
10. Regular payments for public assistance including the Supplemental Nutrition Assistance Program (SNAP);
11. Social Security Disability or any type of disability payment; and
12. Food or rent received in lieu of wages.

**What are allowable medical expenses that may be deducted from income?**

According to the Senior Companion Program Regulations, Section 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 which were not and will not be paid by Medicare, Medicaid, other insurance, or other third-party payors, 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, Long Term Care Insurance 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)

**If you have questions or need further clarification on determining income eligibility, please call 605-361-1133, 605-721-8884, or 888-239-1210 toll-free.**

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

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

Name Phone

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

Address City/State Zip

Name Phone

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

Address City/State Zip

**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 Were you at fault? Injuries/Fatalities

(head-on, rear-end, etc.)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Location (City & State) Date Infraction Penalty

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(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

**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.)

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

How did you hear about the Senior Companion Program?

Why would you like to be a Senior Companion Volunteer?

**I understand that the Senior Companion Program will complete a criminal history check and review these records. I understand that eligibility to serve is contingent on the review of these records. I will have the opportunity to review such records and have the right to challenge the accuracy of these results should they result in a rejection of this application.**

**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**



4800 W. 57th Street / PO Box 5038 / Sioux Falls, SD 57117-5038 / 605-361-1133

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2040 West Main Street, Suite 213 / Rapid City, SD 57702 / 605-721-8884

***Senior Companions is an equal opportunity employer and provides services to qualified individuals without regard to race, color, religion, sex, sexual orientation, gender identity, age, national origin, religion, disability, or any other protected status by applicable laws.***