AmeriCorps Seniors | Community Volunteer Network
A PRS Organization

# Foster Grandparent Program

## of Southern Oregon

The Foster Grandparent Program of Southern Oregon was founded in 1975. It is a part of the federal agency AmeriCorps Seniors and is sponsored locally by Community Volunteer Network. Currently, 52 senior volunteers from Jackson, Josephine, and Klamath Counties are enrolled in the program with placements at: early childhood education sites, Head Start Centers, schools, after school facilities, libraries, juvenile correctional program, rehabilitation site and a homeless shelter.

The role of the Foster Grandparent is to offer nonjudgmental ongoing support and assistance to underserved and at-risk youth. Foster Grandparents are a powerful force to improve educational and social/emotional outcomes. They serve as a reliable presence for children in need of positive adult role models. Connecting generations provides both students and Foster Grandparents with a chance to learn, share, and form a bond.

**The Foster Grandparent Program's focus is dual:**

1. Senior volunteers are provided opportunities to put their wealth of knowledge and skills to work in the service of at-risk, special-needs, and underserved children.
2. Children and youth benefit from individual assistance and learning to bond with a caring adult who brings a lifetime of experience and love to the relationship.

**To Qualify:** Must be at least 55 years of age

Income may not exceed $27,180/year or **$2,265/month** for a **one-person** household, (or) $36,620/year or $**3,051.66/month** for a **two-person** household (as of January 2022).

**Benefits:**

* $3.15 per hour non-taxable stipend
* On-the-job accident and liability insurance
* Mileage reimbursement at $.50 per mile
* Hot lunch when possible each day of service
* Accrued personal time leave
* Free annual physical examination
* Pre-assignment training plus ongoing training at monthly in-service meetings

**Duties:** Volunteering to work with children in a supervised setting for a minimum of 5 hours, and maximum of 40 hours, per week.

Community Volunteer Network
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541-857-7786 • www.cvnvolunteer.org • fgp@retirement.org
One West Main Street, Suite 303 • Medford, Oregon 97501
For Klamath County Call 541-539-1208

Community Volunteer Network
A PRS Organization

***Foster Grandparent Program of Southern Oregon***
One West Main Suite 303, Medford, OR 97501
Jackson and Josephine Counties (541) 857-7786
Klamath County (541) 539-1208

**Volunteer Application**

Name _____

Aliases, Birth, or Other Names Used_____

Mailing Address _____
City St Zip

Phone _____ Email _____

Social Security# _____Date of Birth _____Gender_____

How many years have you lived in Oregon? _____ How long have you lived at your current address? _____

City and State of Birth _____Hair Color_____Eye Color_____

US Citizen? ☐ Yes ☐ No Veteran? ☐ Yes ☐ No

(Optional) Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino

(Optional) Race: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black/African American
☐ Native Hawaiian/Pacific Islander ☐ Other/Multi-Racial ☐ White

Marital status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Current monthly income per attached worksheet_____Number of people dependent on this income _____

What is your mode of transportation? ☐ Own Car ☐ Public Transportation
☐ Other, please describe _____

Driver's License# _____ Auto Insurance Policy# _____

Driver's License Expiration Date _____ **PLEASE ATTACH A COPY OF ID**

Have you ever been arrested or convicted of a crime other than a traffic violation? ☐ Yes ☐ No

If yes, please explain _____

Emergency Contact _____ Relationship _____ Phone _____

Do you require any special accommodations or have physical or medical considerations that may impact a volunteer assignment? ☐ Yes ☐ No If yes, please describe _____

Prescribed medications you take regularly _____

Do you have any dietary restrictions, if so please describe_____

**EDUCATIONAL AND LIFE BACKGROUND**

Highest level of education _____

Major subject, studies, degrees _____

Previous Occupation(s) _____

Foreign languages written or spoken _____

Number of children _____ Grandchildren _____ Great Grandchildren_____

Other skills and/or hobbies which may be relevant to your position as a Foster Grandparent _____

_____

Clubs or community organization in which you are or have been a member _____

_____

What age group of children would you like to work with? _____

How did you find out about the Foster Grandparent Program? _____

List two local character references (no relatives please)

1. Name _____ Phone _____
   Address _____

2. Name _____ Phone _____
   Address _____

I certify the information furnished above is correct and hereby authorize FGP to obtain any information pertaining to me from character references, employers, law enforcement and child abuse agencies, and/or medical doctors/clinics.

Signature _____

Date _____

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# Annual Statement of Income and Insurance 2022

First and Last Name: _____ Phone: _____

Home Address: _____ City: _____ State: OR Zip: _____

Mailing address (if different than above): _____

Are you are completing this form as (please check one): ☐ Prospective new volunteer ☐ Current volunteer

Marital Status (please check one): ☐ Married ☐ Widow(er) ☐ Single ☐ Divorced ☐ Legally Separated

## CURRENT MONTHLY HOUSEHOLD INCOME

Below please identify all sources of income received by you and your spouse.

Do Include: Social Security, SSI, annuities, net rental income, interest income, and any other monthly income.

Do **NOT** include: FGP stipend, food stamps, Medicaid, refunds, or any other similar items.

| **Current Income from all sources of volunteer and Spouse/Household, if living in same residence** | **Volunteer's Monthly Income** | **Spouse's or Other Household Monthly Income** | **Total** |
|---|---|---|---|
| Social Security | $ | $ | $ |
| SSI / SSDI | $ | $ | $ |
| Pension | $ | $ | $ |
| Interest/Dividends | $ | $ | $ |
| Other (Specify) | $ | $ | $ |
| **COLUMN TOTALS** | $ | $ | $ |

A medical expense checklist will be required only if you are near the annual income threshold.

## BENEFICIARY DESIGNATION

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

## EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

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## CURRENT AUTOMOBILE COVERAGE

If you use your personal automobile to get to and from your volunteer site, please complete the following:
*Volunteers are required to maintain automobile insurance coverage equal to the minimum limits required by Oregon law.*

Driver's License Number: _____ Expiration Date: _____ State: _____

Insurance Company/Agent: _____ Phone: _____

Policy Number: _____ Expiration Date: _____

I understand the Foster Grandparent Program requires me to complete a current statement of my household income, automobile insurance (if applicable), beneficiary designation and current emergency contact. I certify the information I have provided above is correct and understand falsification of income or insurance information may result in my termination as a volunteer.

**SIGNATURE** _____ **DATE** _____

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**The following is provided for informational purposes only.**
**No action or signature of the volunteer is required.**

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

According to Section 2552.44 of the FGP 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, 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, 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 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.
(5) Food or rent received in lieu of wages.

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

According to the FGP Regulations, 2552.43 (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 pay or, and which do not exceed 50% 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 Dr. Visits**: Including, but not limited to: medical care, dental care, and vision care that are not covered by health insurance
- **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 not covered by health insurance: pain relievers, antacids, hearing aid batteries, vitamins, non-prescription eye glasses

**When and where are the current income eligibility guidelines published?**

AmeriCorps Seniors 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 on the AmeriCorps website. 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.

**Foster Grandparent Program of Southern Oregon**
**Medical Expenses Check List**
**To be completed only if volunteer's income is close to annual income threshold**

**Name of Volunteer:** _____

**SERIOUS ILLNESS OR MEDICAL EMERGENCY:**

Have you had a serious illness or medical emergency in the past 12 months?

_____Yes _____No

If yes, did you spend any time in the hospital?

_____Yes _____No

If yes, did you have out-of pocket medical expenses that you had to pay as a result of this illness or medical emergency?

_____Yes _____No

If yes, what were these expenses?

| **Medical Service** | **Expense** |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**DENTAL WORK:**

Have you been to a dentist for any reason in the past 12 months?

_____Yes _____No

If yes, did you have out-of-pocket dental expenses that you had to pay as a result of your visit to the dentist?

_____Yes _____No

If yes, what were these expenses?

| **Dental Service** | **Expense** |
|---|---|
| _____ | _____ |
| _____ | _____ |

**EYE EXAMINATIONS AND GLASSES:**

Have you had your eyes examined by any professional or purchased eye glasses in the past 12 months?

_____ Yes _____No

If yes, did you have out-of-pocket expenses that you had to pay?

_____Yes _____No

If yes, what were these expenses?

| **Eye Service & Glasses** | **Expense** |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**HEARING AID:**

Do you use a Hearing Aid?

_____Yes _____No

If yes, did you have out-of-pocket expenses that you had to pay in the past 12 months?

_____Yes _____No

If yes, what were these expenses?

| **Hearing Aid & Service** | **Expense** |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**IN-HOME CARE COSTS FOR DEPENDENTS:**

Have you had to pay for any costs to have in-home care for your spouse or a dependent in the past 12 months?

_____Yes _____No

If yes, what were these expenses?

| **In-Home Care Service** | **Expense** |
|---|---|
| _____ | _____ |
| _____ | _____ |

**PLEASE CHECK TYPES OF MEDICAL INSURANCE:**

**ANNUAL COSTS**

_____Medicare A $_____

_____Medicare B $_____

_____Medicare D $_____

_____Medicare Supplemental Insurance $_____

_____Other Medical Insurance $_____

Explain: _____

_____Prescriptions issued by a doctor $_____

_____Over-the-Counter Non-Prescription Drugs $_____
(Aspirin, Cold Medications, etc.)

_____Dietary & Herbal supplements $_____

_____ Emergency Medical Supplies $_____
(Bandaids, Gauze, Tape, etc.)

_____Assistive Devices (Shoes, Support $_____
Hose, Prosthetic Devices)

_____ Medical Alert System that you carry $_____
with you or have installed in your home

_____ Incontinent Supplies $_____

_____ Medical Test Equipment & Supplies $_____
(Especially for Diabetics)

_____ Massage or Acupuncture $_____

_____Medical Transportation Expenses $_____
(Cost to travel to medical appointments,
trips to the drug store, trips to dentist or
eye doctor, etc. at $.30/mile or bus fare)

_____ Other Medical Expenses – Itemize $_____

_____ $_____

_____ $_____

_____ $_____

**GRAND TOTAL ALL MEDICAL EXPENSES $_____**

# Community Volunteer Network

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**FGP Criminal History Background Check**

Senior Corps requires that all volunteer personnel working with and having one-on-one contact with vulnerable populations will submit to a name-based criminal records check, which will include a national criminal records check requiring fingerprints. This applies specifically to the Community Volunteer Network coordinated programs in which volunteers are directly working with or having one-on-one contact with vulnerable populations. If the results of this background check are returned with any findings, the candidate is then provided the opportunity to review and challenge the state agency dispensing the findings for further clarification. Potential volunteers are not allowed to have access to children, persons 60 and older, or individuals with disabilities until their clearance is received or if they are accompanied by a cleared CVN staff member or a cleared volunteer, or a cleared representative from the site/station.

**By signing this document, I understand what is set forth in this policy and give permission to Community Volunteer Network to have my name and fingerprints checked for such purpose.**

During the last (5) years, have you been outside of Oregon for 60 days in a row or more?

☐ Yes ☐ No If yes, you will be contacted by FGP staff for additional information.

Have you ever been charged, arrested, and or convicted of a crime?

☐ Yes ☐ No If yes, you will be contacted by FGP staff for additional information.

**Please attach a copy of your state issued ID card/driver's license**.

SSN # (optional) _____

_____ _____

**Name** **Date**

For FGP Staff Use Only

Type(s) of documents checked to verify identity *(check all that apply)*:

☐ Driver's license or state ID ☐ Social Security card ☐ Passport

☐ Other: _____

Initials of person checking ID: _____

**Mandated by the federal government through the AmeriCorps Seniors programs adhere to the following policies:**

Volunteers and grantee staff do not engage in, and grantee funds are not used for, any of the following activities, to the extent they are prohibited in the applicable program regulations: Electoral activities, Voter registration, Voter transportation to polls, and Efforts to influence legislation.

Volunteers do not engage in any activity which would otherwise be performed by an employed worker or which would supplant the hiring of or result in the displacement of employed workers or impair existing contracts for service.

Neither the grantee nor any volunteer station requests or receives compensation from the beneficiaries of AmeriCorps Seniors volunteers.

Any volunteer station financial support of the AmeriCorps Senior project is not a precondition for that station to obtain volunteer service.

An AmeriCorps Senior volunteer does not receive a fee for service from service recipients, their legal guardian, or members of their family, or friends.

Grant funds are not used to finance labor or anti-labor organizations or related activity.

Project staff or volunteers do not give religious instruction, conduct worship services, or engage in proselytization as part of their duties and, if the sponsor is an organization that conducts inherently religious activities, those activities are offered separately, in time and location, from the programs or services funded under the Corporation grant.

# Model Release Form

PRS
Marketing &
Communications

I,_____, agree to be photographed, recorded and/or videotaped by Pacific Retirement Services, Inc. (PRS) and The Foster Grandparent Program for promotional purposes. Any images, video and/or audio taken of me may be used to help promote PRS and all PRS subsidiaries. I also agree that PRS and all PRS subsidiaries may use these images, video and/or audio recordings, and/or the full name of myself on its website, including but not limited to social networking sites, or in other official publications of PRS and PRS subsidiaries, without further considerations or consent.

I also acknowledge that PRS and PRS subsidiaries may choose not to use images, video and/or audio recordings or this information at this time, but may do so at a later date.

I understand that once images, video and/or audio recordings or name is posted on the PRS or PRS subsidiaries website, including social networking sites, the images, video and/or audio recordings or name can be downloaded by any computer with Internet access. I agree to hold PRS and PRS subsidiaries harmless from any claims related to the use of any images, video and/or audio recordings or name. I further waive any right to pursue any and all claims arising from or related to use of any images, video and/or audio recordings or name.

It is understood that all images, video recordings and audio tapes are the sole property of PRS and the PRS subsidiary.

This authority will remain in place unless I submit a written withdrawal to the Art Director of Pacific Retirement Services at the address of One West Main Street, Suite 303, Medford, OR 97501.

Signed:_____ Date: _____

Print Name:_____ Phone: _____

Address:_____ City:_____ State:_____ Zip: _____

If I am legally under age, my undersigned parent(s) or legal guardian(s) hereby consents, jointly and severally, to the above and agrees to indemnify and hold PRS and PRS subsidiaries harmless against any claim of mine or of my heirs, executors or administrators, arising hereunder which may hereafter be asserted against PRS and PRS subsidiaries.

Name of Parent/Guardian:_____ Relationship to Talent: _____

Signature:_____ Date: _____

PACIFIC RETIREMENT SERVICES

One West Main Street, Suite 303
Medford, OR 97504
1-888-724-6424
www.retirement.org

## IV. Commonly asked questions

***My car was damaged in an accident while I was volunteering; will you cover my deductible for the repairs?***
No. The coverage is for liability claims only.There is no coverage for damage to your car.

***Medicare says that your insurance should pay first. What should I do?***
We can help! Our coverage is specifically excess over Medicare. Call us at 800.222.8920 and we will assist you.

***I see that the policy provides excess protection if I cause bodily injury or property damage. What if there is an allegation of sexual misconduct or sexual abuse?***
The policy does not provide protection in the event of a criminal proceeding, but it may provide protection in the event of a civil proceeding. You would be entitled to a defense against an allegation of sexual abuse or sexual misconduct under the personal liability contract. **However, the policy would not defend or indemnify you if you admitted wrongdoing, or if the allegations against you proved true.**

***How do I file a claim?***
For any type of claim, you first need to see your volunteer coordinator. If you have an accident claim, you will need a "proof of loss" form (available at our Web site www.cimaworld.com.) Both you and the coordinator must complete the form and send it to CIMA. Keep a copy for your records. Submit your bills to Medicare or any other existing insurance first. Once you have their "explanation of benefits" form(s), have your coordinator send those to CIMA at the address shown on this brochure, along with a copy of your "proof of loss" form. For a claim against you alleging that you caused bodily injury or property damage while volunteering, contact your volunteer coordinator immediately. Provide as much detail as possible about the incident, and obtain any police reports. Your coordinator will then pass this information to CIMA, along with a statement that you were volunteering at the time of the incident.

## Further Questions?

Visit our Web site, www.cimaworld.com. We have copies of the policies along with additional information concerning the extent and the limitations of these policies.

## About Volunteers Insurance Service:

This insurance program is provided by Volunteers Insurance Service Association, Inc. a risk purchasing group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq) The program is administered by The CIMA Companies.

CIMA®
ACRISURE Agency Partner


2750 Killarney Drive, #202
Woodbridge, VA 22192

Telephone
703.739.9300
800.222.8920

FAX
703.739.0761

E-MAIL
Volunteers@cimaworld.com


VIS®

# Volunteers Insurance Service

www.visvolunteers.com

## VOLUNTEERS INSURANCE SERVICE (VIS®) INSURANCE PROGRAM

It doesn't happen often, but when it does, the results can be serious…a volunteer is injured, or injures someone else, while performing his or her volunteer duties. One of the benefits of volunteering for this organization is that you are provided insurance protection in case these things happen to you. There are three kinds of coverage; check with your volunteer coordinator to see which coverages your organization has chosen to provide to you.

## SUMMARY OF COVERAGES

### I. Excess Accident Medical Coverage

This coverage is in excess of Medicare and any other insurance that you have in place. The excess accident medical coverage will pay up to $50,000 for medical treatment, hospitalization and licensed nursing care required as the result of a covered accident. The insurance applies while you are traveling directly to and from, and while you are participating in, volunteer-related activities. **Initial medical expenses must be incurred within 60 days of the accident. Expenses are then covered for a one-year period following the accident.**

Other than X-rays, dental care is covered up to $500 per tooth for accidental injury to teeth and repair of dentures. Maximum benefit is $900 per accident.

This coverage also provides up to $50 for repair or replacement of eyeglass frames and up to $50 for repair or replacement of eyeglass prescription lenses damaged as a result of a covered accident.

The maximum payment under this coverage, including dental and eyeglass expenses, is $50,000.

**This insurance does not duplicate benefits payable under Medicare or any other valid and collectible insurance coverage.**

*Accidental Death and Dismemberment Coverage* In addition to the accident medical coverage, the underwriter will pay benefits for death or loss of limb or sight, occurring within one year as a result of a covered accident. See coverage details at **www.cimaworld.com.**

*Exclusions to Accident Insurance*
A complete listing of the exclusions is in the policy details at **www.cimaworld.com.**

### II. Excess Volunteer Liability Insurance

All registered volunteers (collectively) of an organization are provided with excess volunteer liability insurance at a limit of $1,000,000 per occurrence (subject to an annual aggregate for each named organization.) This policy provides protection if you are liable for bodily injury or property damage arising out of the performance of your duties. The policy includes defense against allegations of sexual misconduct. **This coverage is in excess of and noncontributing with any other valid and collectible insurance you may have.**

*Exclusions to Volunteer Liability Insurance*
A complete listing of the exclusions is in the policy details at **www.cimaworld.com.**

### III. Excess Automobile Liability Insurance

This coverage protects you as a registered volunteer driver for bodily injury or property damage claims arising out of the operation of your own vehicle during your volunteer assignment, not going to or from the assignment. This insurance is in excess of the greater of :

**A.** An amount equal to the applicable limits of liability of any other collectible Insurance you have; or

**B.** An amount equal to the minimum limit of liability required under the Motor Vehicle Responsibility Laws of the state in which the accident occurs, or $50,000, whichever is less.

**It is important to remember that you must maintain your own auto liability coverage at least equal to the state-required minimums. Also, please remember that this coverage does not apply to any damage to your vehicle.**

*Exclusions to Excess Automobile Liability Insurance*
A complete listing of the exclusions is in the policy details at **www.cimaworld.com.**

# ANNUAL PHYSICAL LOCATIONS

**Medford:**
Dr. Helman
1017 Royal Avenue
541-770-5188

**Grants Pass and Klamath:**
We are currently looking for a new place to receive our physicals. Any ideas please let FGP office know

**Community Health Centers:**
*19 Myrtle Street*
Medford 773-3863

**White City 826-5853**
*8385 Division Road*

**Physicals are *optional* and available once a year, TB tests are also optional and offered once for new volunteers. If you prefer to use your own doctor, we will reimburse up to $65 ($60 for a physical and $5 for the TB test).**

## Annual Physical Release Form

**FOSTER GRANDPARENT PROGRAM**
One West Main Suite 303 Medford, OR 97501
Jackson and Josephine Counties: 541-857-7786 Klamath County: 541-539-1208
Email: FGP@retirement.org Fax: 541-646-3314