FGP ANNUAL INCOME VERIFICATION FORM FOR ELIGIBILITY FY 2019

The Foster Grandparent Program is required to verify income for all volunteers every year. Please fill this form out as completely as you can. List all sources of income including your spouse's income. All information is confidential.

Name of Foster Grandparent: _____

Number of Dependents (including yourself): _____ **Marital Status:** _____

Present Address: _____

NOTE: New Foster Grandparents should project their income for the next 12 months.
Current Foster Grandparent must report their actual income for past 12 months.

Actual MONTHLY Income:	**Monthly $**
Social Security Benefits	$_____
Supplemental Security Income (SSI)	$_____
Income from Annuities	$_____
Income from Pensions	$_____
Net Rental Income from Real Estate	$_____
Interest Received	$_____
Income from Stocks & Bonds	$_____
Other Income	$_____
Total MONTHLY Income	$ _____ **(A)**
	Total Annual Income (A x 12) $_____ **(B)**

Actual MEDICAL MONTHLY Out-of Pocket Expenses (See examples on back):

Health Insurance	$_____
Prescription Drugs	$_____
Dr. visits/medical bills	$_____
Other Medical Out-of-Pocket	$_____
Expenses	$_____
Total MEDICAL MONTHLY Out-of-Pocket	$ _____ **(C)**
Total Annual Out-of-Pocket Expenses (C x 12)	$_____ **(D)**

Adjusted Annual Income **(B minus D)** $_____

I certify that the information furnished above is correct and I understand that falsification of any information may result in my termination 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.

Foster Grandparent: ☐ **I agree**

Date of Review

Project Director: ☐ **I agree**

Examples of Out-of Pocket Medical Expenses

Health Insurance Costs:

-Private Insurance/Medicare/Medicaid Premiums
-Private Insurance/Medicare/Medicaid Co-Payments
-Private Insurance/Medicare/Medicaid Deductibles
-Pharmacy Program Premiums

Prescription Drugs:

-Pharmacy Program Co-Payments
-Pharmacy Program Deductibles
-Other personal payments for prescription drugs

Dr. Visits/Medical Bills:

-Medical Care
-Dental Care
-Psychotherapy
-Rehabilitation
-Hospitalization
-Outpatient Care
-Nursing Care
-Transportation /Lodging to obtain medical treatment or services
(Gas @.545/mile, taxi, bus, hired transportation)
-Regular payments on old bills

Other Out-of Pocket Medical Expenses:

-One time medical expenses
-Equipment
(medical supplies, dentures, hearing aides, prosthetics, prescription glasses, wheelchairs, canes, lifeline service)
-Over the Counter Drugs and supplies
(pain relievers, antacids, hearing aide batteries, vitamins, non-prescription glasses)
-Please discuss any other items with the Foster Grandparent Program Coordinator