## Annual Income Review

Rocky Mountain Development Council, Inc. (Rocky) AmeriCorps Seniors are required to make a yearly income check on all Foster Grandparent and Senior Companion volunteers receiving a stipend. Please fill out the form as completely as you can, listing all sources of **gross** income (before taxes) (you do not report the stipend). Be as accurate as possible. This information is kept confidential. If you have any questions, call 406-457-1680.

**See backside for more instructions.**

Volunteer Name *(please print)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Number of dependents living in your home: \_\_\_\_\_\_\_\_\_ Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_

**If married, you must count your spouse’s income and their medical deductions.**

INCOME SOURCES AND AMOUNTS: ***please see the “NOTE” on the back of this page before completing***

Social Security Benefits per month $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per year $ \_\_\_\_\_\_\_\_\_\_\_\_

Social Security Benefits per month $\_\_\_\_\_\_\_\_\_ (spouse) per year \_\_\_\_\_\_\_\_\_\_\_\_

Annuity income …………………………………………… per year \_\_\_\_\_\_\_\_\_\_\_\_

Pension income …………………………………………… per year \_\_\_\_\_\_\_\_\_\_\_\_

Pension income (spouse)………………………………… per year \_\_\_\_\_\_\_\_\_\_\_\_

Rent received from real estate ………………………….. per year \_\_\_\_\_\_\_\_\_\_\_\_

Interest received …………………………………………… per year \_\_\_\_\_\_\_\_\_\_\_\_

Stocks/Bonds income ……………………………………… per year \_\_\_\_\_\_\_\_\_\_\_\_

Other income ………………………………………………… per year \_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL INCOME FOR PAST YEAR** ……………………… $\_\_\_\_\_\_\_\_\_\_\_\_

***LESS* Insurance/Medical expenses for past year (see back)** **-** $ \_\_\_\_\_\_\_\_\_\_\_\_

**INCOME BALANCE** ……………………………………….. **=** $\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Program Director Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Review\_\_\_\_\_\_\_\_\_\_\_\_\_

**Foster Grandparent and Senior Companion**

**Income Eligibility**

***Note:*** ***For volunteers currently serving***, annual GROSS INCOME (before taxes) is to be counted for the past 12 months. Eligibility is verified yearly. The eligibility guidelines can be made available by the Foster Grandparent or Senior Companion Coordinator. Stipend is not reported on the form as income. ***For volunteers new to service please report on income you expect to make for the next year: ex. if you are applying in June please report from June of the current year through May of the following year.***

**Have you considered these deductions?**

As you begin to consider the items that may be deducted from your income, please use the following list as a guide to assist you in remembering to include everything.

* Medical Expenses (the amount of your medical out-of-pocket expenses)

Hospital and Outpatient services (surgeries, emergency care), Physician exams, Durable medical equipment (canes, wheelchairs, braces, walkers, etc.), Vaccinations (flu, pneumonia, Hepatitis B, etc.), Diabetic care (foot care, glucose monitors, lancets, test strips, etc.), Mammograms, Pap Smears, Pelvic Exams, Medical testing, Cancer care (screening, medications, treatments, radiation therapy, etc.), Transplants (dialysis, heart monitors, etc.), Colonoscopy and other medical expenses;

* Medical prescriptions;
* Medical insurance premiums;
* Clinical Laboratory Services (blood tests, urinalysis, etc.);
* Dentures, dental care (exams, checkups, cleaning, fillings, crowns, braces etc.);
* Hearing aids (exams, equipment, etc.);
* Eye glass prescriptions and associated expenses such as eye surgeries (cataract, medications, equipment, laser treatments, etc.) and medications;
* Orthopedic shoes;
* Therapy (physical therapy, occupational therapy, speech/language therapy);
* Counseling (mental/emotional/physical health and well-being) & Medical/Health related classes (dietary, diabetic self-care training, etc.);
* Home health services, Acupuncture, Chiropractor, Podiatrists.

**If any items are in question or not listed but you feel would apply,**

**please call Rocky AmeriCorps Seniors at 406-447-1680 to inquire.**