



PO Box 1717  
 648 N Jackson Street  
 Helena, MT 59624-1717  
 406-447-1680 office  
 406-447-1629 fax  
 www.rmdc.net

## Annual Income Review

RMDC, Inc. Senior Corps is 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. Questions, call 406-457-1680. **See backside for more instructions.**

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

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

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

Number of dependents living in your home: \_\_\_\_\_ Your marital status: \_\_\_\_\_

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

<b><u>INCOME SOURCES AND AMOUNTS:</u> please see the "NOTE" on the back of this page before completing</b>	
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 _____
<b>TOTAL INCOME FOR PAST YEAR .....</b>	<b>\$ _____</b>
<b><u>LESS Insurance/Medical expenses for past year (see back)</u></b>	<b>- \$ _____</b>
<b>INCOME BALANCE .....</b>	<b>= \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span></b>
<b>Volunteer Signature _____</b>	<b>Date _____</b>



Program Coordinator Signature \_\_\_\_\_ Date of Review \_\_\_\_\_



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## 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: ie. 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 RMDC, Inc. Senior Corps at 406-457-1680 to inquire.**