



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

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 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 from January –December. 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.