



Rural Alaska Community Action Program
Elder Mentor/Foster Grandparent Program
731 East 8th Avenue
Anchorage, AK 99501
907-865-7276
Toll Free: 800-478-7227
eldermentors@ruralcap.com
www.ruralcap.com

APPLICATION INSTRUCTIONS:

Thank you for your interest in the Elder Mentor Program! We understand that the attached application is rather long, but the information you provide helps us make sure that you are eligible for the program and that we comply with certain laws.

Background Check and Release of Information - In addition to your basic information we must collect information to enter into the Alaska State Background Check System. This includes and names you have used other than your current name, and the locations (City, State, and Country) you have lived at during the past 10 years, as well as your physical description. RurAL CAP pays for the cost of processing your background check and fingerprints. Successful completion of this background check is required for participation in this program.

Financial Eligibility – Please list your household’s estimated income from all sources, as well as any medical costs projected for the next 12 months. Eligibility income limits are listed on the top of the page. If you find that your income exceeds the limits, you will not be eligible to receive a stipend for your work, but you may still volunteer, if you wish. Financial eligibility will be updated every January.

Last Physical Exam and Insurance Company/Medical Provider’s Name – As a volunteer, you are required to have an annual health assessment to make sure you are able to work with children without causing yourself harm. Sometimes, if you have recently had a physical, your health care provider will complete the health assessment form without making a new appointment. Other times, they will want you to come in for an office visit. RurAL CAP will pay up to \$100.00 towards your office visit each year. If you have health insurance, we ask that they pay their portion first. RurAL CAP does not cover the cost of lab/diagnostic procedures or fees. Health assessments must be updated each year.

Automobile License and Insurance Information – If you drive your own vehicle, and wish to be reimbursed for your mileage to/from you assignment, please complete this part of the application. RurAL CAP provides addition accident insurance, but you must also have your own vehicle insurance and a valid driver’s license.

Demographic and Education Level Information – As a grant funded program, we are asked to provide this information in aggregate on our participants. This means that it is reported as a group and nothing is associated with you by name. Providing this information is optional, but we hope you will include it.

Biography – We love learning about our volunteers, and we know you have a lifetime of important skills, knowledge and experiences to share. We want to create a short biography about you so that we can share it with the organization(s) that you will be working with.

What Happens Next?

Please complete the upper part of the Health Assessment Form - and take it to your healthcare provider. Ask them to complete the bottom portion and fax it to us at the number on the form.

You will most likely need to get your fingerprints taken - Please wait for us to contact you to arrange to get them done as the process will be different, depending on where you live.

Setting up an agreement with your local school or community group - If we do not already have a request for an Elder Mentor from your community, we will need to contact the local school and ask for their participation. We welcome any information that you can share with us about local school/community contacts who can help set the program up in their organization.

Orientation and On-Going Training – We will hold several orientations each year. If you are not in a region near an orientation, we will send you the materials to self-study. Then, throughout the school year, there will be additional modules sent to you to self-study each month.

Photo and Name Release – Sometimes a photo is worth a thousand words. It helps our program greatly to be able to tell our story through photos and examples of our Elders at work. We would love to have your permission to use your name and likeness, but if you choose not to, we will respect your wishes.

RurAL CAP does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring, firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, and subcontractors.



**ELDER MENTOR / FOSTER GRANDPARENT
APPLICATION AND ELIGIBILITY FORM**
(Please Print)



_____ E-mail address
Full Legal Name

_____ Zip Code
Address: Street/P.O. Box City

_____ Nick Name (if applicable)
Phone Number

Do you have your own means of transportation? Yes No

If not, what type of transportation do you typically use? _____

Language(s) Spoken _____

Which age group(s) are you most interested in serving? (Please check all that apply)

Early Pre-school ages 0-3 Pre-Kindergarten ages 3-4 Grades K-3

Grades 4-6 Grades 7-9 Other (teens in community settings,
such as shelters, after school programs,
rehabilitation/correctional facilities, etc.)

How did you hear about this program? _____

Each program member is required to have an annual health assessment. When was
your most recent physical exam? _____

Health care Provider's name: _____

Applicant Name: _____

All participants must submit to a background check through the Alaska State Background Check Program, which includes submitting an on-line application and fingerprints. In addition, participants must have an initial and annual health assessment completed by their healthcare provider. RurAL CAP pays for the background check and cost of health assessment, if not paid by personal insurance.
Background Check Information Required:

Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Driver's License Number/State I.D. Number: _____ State _____

Known by any other names? If yes, what? _____

Month/Year Alaska Residency Began: _____

Where were you born? _____
City State Country

What is your country of citizenship? _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

If you lived outside of Alaska within the past 10 years, please list those address below:

Please list all previous residence for the last ten (10) years. City, State, and Country (if outside the USA).
Attach additional page(s) if necessary.

FROM (MM/YY)	TO (MM/YY)	City	State	Country
FROM (MM/YY)	TO (MM/YY)	City	State	Country

Please list two character references (not relatives)

	Name	City	Phone
1.	_____	_____	_____
2.	_____	_____	_____

In case of emergency, please contact: _____

Relationship: _____ Phone: _____

How comfortable are you in using computers? I don't own or use a computer

I use it for email only I am somewhat comfortable with computers

I am very comfortable with computers I would like to learn more about computers

Applicant Name: _____

Demographic Information (this is optional, but very helpful)

Are you: Hispanic, Latino or Spanish Not Hispanic, Latino or Spanish

Race:

- White Black or African American Asian
 American Indian or Alaska Native Native Hawaiian and Other Pacific Islander
 Other: _____

Are you a shareholder in any of the following Corporations? Please check:

- Ahtna Aleut Arctic Slope Regional Bering Strait Calista CIRI
 NANA Reg. Koniag Honnah-Totem Chugach Alaska Sheatika ORI
 Doyon Limited 13th Regional

Education Level: Up to 4th Grade 5th or 6th Grade 7th or 8th Grade 9th Grade
 10th Grade 11th Grade 12th Grade, no diploma High School Graduate
 Some College 2 or 4 year College Degree in _____ (major or field)

Are You A Veteran? _____ **Are You Disabled?** _____

Additional Information needed:

Do you have Health Insurance? No Yes

If yes, name of Insurer: _____

Do you have Indian Health Services coverage? Yes No

What size volunteer vest would you like? Small Medium Large X Large XX Large

What type of housing do you have? Rent Own Stay with friends or relatives
 Other: _____

→ If you plan to drive your own car and get reimbursed for the mileage, please provide the following:

Insurance Company: _____ Policy #: _____

Expiration Date: _____

Applicant Name: _____

INCOME ELIGIBILITY FORM

In order to receive a stipend, Elder Mentor / Foster Grandparent must be at least 55 years of age and cannot have an annual income from all sources, after deducting allowable medical expenses, which exceeds the program's income eligibility guideline for Alaska. For new applicants, annual income is based on a projection for the next 12 months.

Household size: One Two Three Four
Annual income: \$29,680 \$40,040 \$50,400 \$60,760
How many in household? _____ Adults _____ Children (under 18)

Marital Status: Married Widow(er) Single Divorced Legally Separated

In all categories below list all sources of income for the volunteer applicant and spouse, if living in same residence.

Current projected income from all sources of Applicant and Spouse, if living in same residence	A. Volunteer's Monthly Income	B. Spouse's Monthly Income	C. Total Monthly Income (A+B)		D. Total Annual Income (C x 12)
Social Security	\$ _____	\$ _____	\$ _____	x 12 mo.	\$ _____
SSI / SSDI	\$ _____	\$ _____	\$ _____	x 12 mo.	\$ _____
Pension	\$ _____	\$ _____	\$ _____	x 12 mo.	\$ _____
(Inc. PFD) Interest/Dividends	\$ _____	\$ _____	\$ _____	x 12 mo.	\$ _____
Other:	\$ _____	\$ _____	\$ _____	x 12 mo.	\$ _____
COLUMN TOTALS	\$ _____	\$ _____	\$ _____	x 12 mo.	\$ _____

Allowable deductions for medical expenses, if any. Please note up to 50% of the maximized qualifying amount can be deducted. Please contact us if you have any questions about eligible income or deductions.

Health Insurance Premiums \$ _____ per month or \$ _____ per year
Prescription Drugs \$ _____ per month or \$ _____ per year
Doctor visits/medical bills \$ _____ per month or \$ _____ per year
Other allowable medical costs \$ _____ per month or \$ _____ per year
 \$ _____ Total per month \$ _____ Total per year

FOR OFFICE USE ONLY:

Total Household Annual Income: \$ _____
Minus total allowable medical expense deduction: - _____
Equals **Total Annual Qualifying Income:** \$ _____

I certify that the information furnished above is correct and understand that falsification of information may result in my being deemed ineligible to receive a stipend 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.*

_____ **APPLICANT SIGNATURE**

_____ **DATE**

_____ **STAFF SIGNATURE**

_____ **DATE**

Applicant Name: _____

Biography

What job or jobs have you held?

Please tell us why you would like to be an Elder Mentor

What are your hobbies and activities you like to do?

What special skills do you have that you would like to share with children?

What has been one of your most important accomplishments of your life so far?

Applicant Name: _____

RELEASE OF INFORMATION AUTHORIZATION FOR BACKGROUND CHECK

I, _____, authorize and consent to any person provided a copy or facsimile of this Release of Information Authorization for Background Check by an authorized representative of the Department of Health & Social Services, to disclose any information regarding me in relation to civil court information, criminal justice, juvenile justice, protective service and licensing records. I understand any person providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. I understand that this information may otherwise be confidential and that I am waiving that confidentiality and any claim I may have with regard to release of these records. I understand information obtained through this Release of Information Authorization for Background Check will be held in confidence in accordance with DHSS guidelines.

I further certify that I have not ever been convicted of murder, and that my participation in this program is subject to final approval of this background check process. I also certify that the information provided on this application is complete and accurate. I understand that I may appeal any negative findings in accordance with Alaska State Background Check System statutes.

I authorize and consent to the department marking my name in the Alaska Public Safety Information Network (APSIN) under 7 AAC 10.915(e).

This form must be signed; if the individual is 16-17 years of age, a parent signature must also be included.

Applicant Printed Name

Date

Applicant Signature

Applicant SSN

Parent Printed Name, if applicable

Parent Signature



Photo/Media Release Form

I am voluntarily signing this release form which gives the Rural Alaska Community Action Program, Inc. (RurAL CAP) permission to use photographs, video, audio recordings, and/or textual material, taken of my child for use in external or internal publications, including web sites or other electronic forms or media. In doing so, I have confidence RurAL CAP will use this form of media with the utmost respect.

I give up my right to inspect or approve the photographs, publications, or electronic matter that may be used now or in the future and I waive any right to royalties or other compensation arising from or related to the use of the photographs.

I agree to hold harmless RurAL CAP from and against any claims, damages or liability arising from or related to the use of the photographs or other media.

I am 18 years of age and I agree with all statements made above. I have read this release before signing below, and I fully understand the contents of this release.

Name (please print):

Date:

Signature:

Signature of guardian (if under 18 years of age):
