Tri-Valley
Opportunity Council, Inc.

APPLICATION FOR

# Caring Companion Program

INFORMATION IS REQUIRED TO MEET FEDERAL AND STATE GUIDELINES
(All information will remain confidential and used expressly for Tri-Valley Opportunity Council, Inc)

**Name:** Ms.☐ Mr.☐ _____
Last First Middle

**Address:** _____ **Telephone:** ( _____ ) _____
Street

_____ **E-Mail:** _____
City

_____ **Birthdate:** _____ / _____ / _____ **Age:** _____
State Zip Code

**Marital Status:** Married ☐ **Number of persons living in your home:** Yourself: **1** *Others: _____Total: _____
Single ☐ *If others, please list relationship:
_____

**Have you ever been convicted of a felony?** Yes ☐ No ☐ **Are you a US Veteran?** Yes ☐ No ☐

**What is your physical condition?** Excellent ☐ Good ☐ Fair ☐ Poor ☐

**Do you prefer to serve:** Mornings ☐ Afternoons ☐

**Why do you wish to be a Caring Companion?** _____

_____
Use reverse side if necessary

**Previous occupations:** _____

**Special skills, hobbies, interests:** _____

**How did you hear about the Caring Companion Program? (be specific)** _____

_____

**List 2 character references who are not relatives:**

_____
Name #1

_____
Address Telephone

_____
Name #2

_____
Address Telephone

**TOTAL HOUSEHOLD INCOME**
(For information regarding eligibility guidelines, please check with SC staff.) (Remember to include all members living in the household)

| | | | |
|---|---|---|---|
| Social Security (monthly) | | $ | _____ |
| All Other Income (monthly) | + | $ | _____ |
| Total Monthly Income | = | $ | _____ |
| Annual Income (total monthly income 12 months) | | $ | _____ |
| Annual Medical Deduction (not to exceed 50% of Income Guidelines) | - | $ | _____ |
| **TOTAL ANNUAL INCOME** | = | $ | _____ |

**I certify that, to the best of my knowledge, the information provided is correct and understand that the two character references listed above will be contacted and that I agree to have a criminal background check completed in accordance with the Federal requirements for the Caring Companion Program. Selection into the program is contingent on criminal background and reference checks.**

_____
Signature Date