



The Senior Connection

3950 Ferrara Drive * Silver Spring, MD 20906
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GREATER WASHINGTON

Dear Applicant,

Thank you for your interest in the Volunteer Shoppers Program. Our Shoppers Program matches disabled individuals, 60 years old and above, with incomes not to exceed \$30,450.00 per year for single individuals, or \$34,800.00 for couples, who are unable to get their groceries into their homes on a regular basis with Red Cross volunteers. Our Red Cross volunteers either shop for you, or escort you to the grocery store and give assistance while in the grocery store. If you are an escorted client, our volunteer will bring you back to your home, bring the groceries in your home, and if needed, help you put your groceries away.

All of our matches are made on a one-to-one basis with the client and volunteer living in close proximity to one another. **Our policies state that the shopping is to be done at one grocery store close to client's home.** This helps to minimize both the amount of travel time, cost of gasoline, and the wear and tear on the volunteer's vehicle. While there is no charge for this service, donations to our chapter are always greatly appreciated.

This program is primarily for long-term use. *Please note that we cannot always accommodate request for emergency grocery shopping assistance.* Our program is designed for those elderly individuals living on limited incomes and/or having no way of getting groceries into their home. This program currently maintains a waiting list for clients who need assistance. We strive to match a client with a volunteer as soon as possible, depending upon geographic location and availability of volunteers.

Each individual in the household must fill out an application form. After you complete the enclosed application, please return it to our office at:

The Senior Connection of Montgomery County, Inc.
3950 Ferrara Drive
Silver Spring, MD 20906

After we review your application, we will notify you if it is accepted. If you are accepted into the Shoppers Program, we will work to match you with a volunteer and call you when a match is made.

We look forward to receiving your application. If you have any questions, please don't hesitate to contact our office.

Sincerely,

and

Susan M. Dollins
Executive Director

Greg Muncill
Shopper's Program Manager



The Senior Connection

"Your Neighbor's Independence Depends on You"

Office Use only

Date received:

Date contacted client:

Date matched:

Shoppers Program Client Intake Form

Client Name: _____ **Date:** _____

Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip Code:** _____

Date of Birth: _____ **Age:** _____ **Gender:** Male Female

Ethnic Race: _____ **Marital Status:** _____

Others Living in Household: _____

(If others are living in the household, they must also fill out an application.)

Referring Agency: _____

Referring Staff: _____ **Phone Number:** _____

Head of Household: Male Female

General Status of Health:

Mobility: _____ **Visual:** _____ **Hearing:** _____

Description of Health Conditions:

NOTE: Applicants must satisfy the following guidelines to participate in the Shoppers Program:

1. 60 years or older
2. Limited income of 30,450 per year for single individual or 34,800 for couples
3. Unable to get their groceries into their home on a regular basis

Emergency Contacts:

1. Name: _____ **Relationship:** _____

Address: _____

Home Phone: _____ **Cell** _____

Work Phone: _____ **E-mail:** _____

2. Name: _____ **Relationship:** _____

Address: _____

Home Phone: _____ **Cell** _____

Work Phone: _____ **E-mail:** _____

How did you hear about this program? _____

How have you obtained groceries before? _____

How do you normally pay for groceries? _____

Why do you need this service? _____

Requested Service:

Service: Homebound Escort

Frequency of Service: Weekly Twice a Month Monthly

Time of Day Requested: Day Evening Weekend

Additional Comments: _____

(use the back of this form if additional space is needed.)

Shoppers Program Income Verification Form

Eligibility guidelines: \$30,450.00 for individuals or \$34,800.00 for couples

Name _____

To ensure your eligibility for the Shoppers Program you **MUST** provide one of the following:

(Check the income verification type that you are providing)

- A Copy of your most recent Federal Tax Return (Attach copy to Application Form)
- An Affidavit of Income (Complete the Affidavit Below)
- Evidence of participation of another program with income qualification criteria that is at least as restrictive as that used by the Shoppers Program. (Program must require Extremely Low or Low HUD Income Levels and proof must be attached to Intake Form)

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AFFIDAVIT OF INCOME

I (NAME) _____ residing at

(ADDRESS) _____, who's household consist of the following:

<u>NAME</u>	<u>RELATIONSHIP</u>
_____	_____
_____	_____

(Check one which is applicable)

___ 1. Do Swear that I did not file a federal income tax form for the Year _____.
My household income for that year was \$_____ from the following sources:

or

___ 2. Do swear that I did file a federal income tax form for the Year _____;
however, my income has changed substantially and my income for this year is as follows:

AMOUNT	SOURCE	PAID TO
(note annual amount)	(name of employer/phone)	(name of person employed)
\$ _____	_____	_____
\$ _____	_____	_____

and my household income for this year is \$_____.

Prepared by Print Name: _____

Signature: _____ Date: _____

Please mail this form to: **The Senior Connection of Montgomery County, Inc.**
3950 Ferrara Drive
Silver Spring, MD 20906
Fax to: 301 962-0892 **Attn: Shopper's Program**