



APPLICATION FOR
FOSTER GRANDPARENT PROGRAM

INFORMATION IS NEEDED TO MEET FEDERAL AND STATE GUIDELINES

Name: *circle one* **Mr., Mrs., Ms.**

Last _____ First _____ Middle _____

Address: _____ E-Mail address _____

City, State, Zip _____

Telephone: _____ Birthdate: _____ Age: _____

Education/Last grade completed: _____

Marital Status: *Married* *Single* *Widowed* Race: _____

Drivers License #: _____ Soc. Sec. #: _____

Number of persons living in your home: _____ (If others, please list relationships) _____

Have you ever been convicted of a felony? Yes No (If yes, please explain on reverse side of form)

Physical Condition: *Excellent* *Good* *Fair* *Poor*

Please Explain: _____

I prefer to serve: *AM* *PM*

I prefer to serve children between the ages of: _____

I plan to: *drive* *use public transportation* *be driven*

I wish to be a Foster Grandparent because: _____

Previous Occupation(s) & or volunteer experience: _____

Special skills, hobbies or interests: _____

I heard about the Foster Grandparent Program through: _____

3 Character references other than relatives:

Name #1 _____

Name #2 _____

Address _____

Address _____

Phone _____

Phone _____

Name #3 _____

Address _____

Phone _____

Total Household Income	
Social Security (Monthly)	\$ _____
All Other Income (Monthly) (Please provide income documentation)	\$ _____
Total Monthly Income	\$ _____
Annual Income (Monthly x 12)	\$ _____
Annual (out of pocket) medical Expenses	\$ _____
Annual income minus medical Expense	\$ _____
TOTAL ANNUAL INCOME	\$ _____

Information from front continued:

I hereby certify that, to the best of my knowledge, all information on this form is correct.

Signature _____ Date _____
