

## FOSTER GRANDPARENT PROGRAM APPLICATION

**PLEASE PRINT**

Name \_\_\_\_\_ Phone: \_\_\_\_\_

                    Last                                      First                                      Middle

Address \_\_\_\_\_

  City                                      State                                      Zip Code

Mailing Address \_\_\_\_\_

  City                                      State                                      Zip Code

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_ Gender; (M) or (F)

U.S Citizen: (Yes) or (No)    Veteran: (Yes) or (No)    Family Member Veteran: (Yes) or (No)

Please check the following Medical Coverage you have: \_\_\_\_\_ Medicare \_\_\_\_\_ Medical

Marital Status: \_\_\_\_\_ Married    \_\_\_\_\_ Widowed    \_\_\_\_\_ Divorced    \_\_\_\_\_ Single    \_\_\_\_\_ Separated

Number of Legal Dependents \_\_\_\_\_

Level of Education \_\_\_\_\_ Read and Write: \_\_\_\_\_ English    \_\_\_\_\_ Spanish    \_\_\_\_\_ Other

Previous Occupation(s)

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**Have you ever been criminally charged or civilly sued concerning child abuse or elder abuse, neglect or attempted sexual molestation of a child or vulnerable adult?    \_\_\_\_\_ YES    \_\_\_\_\_ NO**

**If yes, please explain.** \_\_\_\_\_

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**I certify that the information furnished above is correct and understand that falsification of information may result in my termination as a Foster Parent.**

Current Household Income (required to qualify for stipend):

Your Monthly Income

Spouse Monthly Income

**SOURCE OF INCOME:**

Social Security \$ \_\_\_\_\_ \$ \_\_\_\_\_

S.S.I. \$ \_\_\_\_\_ \$ \_\_\_\_\_

Pension \$ \_\_\_\_\_ \$ \_\_\_\_\_

Interest/Dividends \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other \$ \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL** \_\_\_\_\_

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**Income Multiplied X 12** \$ \_\_\_\_\_

**Total Household Yearly Income** \$ \_\_\_\_\_

**Income verified by Staff (int)** \_\_\_\_\_

Transportation you plan to use \_\_\_\_\_

Membership in Senior Clubs/Organizations \_\_\_\_\_

List any additional information regarding your qualifications \_\_\_\_\_

Have you ever had any previous experience working with physically, mentally or emotionally disabled children?  Yes  No If so, where? \_\_\_\_\_

Why do you wish to be a Foster Grandparent? \_\_\_\_\_

Hobbies and special skills \_\_\_\_\_

References we may contact (Known at least 2 years, not related)

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Zip Code \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY:**

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**FOR OFFICE USE ONLY**

Interview by \_\_\_\_\_

**APPLICANT MEETS FEDERAL INCOME AND AGE REQUIREMENTS (DIRECTOR)**

Date \_\_\_\_\_