

FOSTER GRANDPARENT PROGRAM APPLICATION

Name _____ Phone: _____
Last First Middle

Address _____
City State Zip Code

Mailing Address (If different from above)

City State Zip Code

Birthdate _____ Age ____ Birthplace _____ M or F

US Citizen: Yes or No **Veteran:** Yes or No **Family Member Veteran:** Yes or No

Medical Coverage: ____ Medicare ____ Individual Medical Insurance

Marital Status: __ Married __ Widowed __ Divorced __ Single __ Separated

Number of Legal Dependents _____

Level of Education _____ Read and Write: __ English __ Spanish __ Other

Previous Occupation(s)

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.

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

Why do you wish to be a Foster Grandparent?

Have you ever had any previous experience working with physically, mentally or emotionally disabled children? Yes No

If so, where? _____

What were your duties? _____

List any additional information regarding your qualifications:

Membership in Senior Clubs/Organizations _____

Transportation you plan to use _____

Hobbies and special skills:

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

Name: _____ Phone: _____

Address: _____

Street

City

State

Zip

Name: _____ Phone: _____

Address: _____

Street

City

State

Zip

Name: _____ Phone: _____

Address: _____

Street

City

State

Zip

IN CASE OF EMERGENCY NOTIFY:

Physician _____ Phone _____

Hospital of Choice: _____

Contact Person: _____ Phone: _____

Address: _____
Street City State Zip

Contact Person: _____ Phone: _____

Address: _____
Street City State Zip

FOR OFFICE USE ONLY

Interview by _____

Position _____

APPLICANT MEETS FEDERAL INCOME AND AGE REQUIREMENTS

Date: _____