



Foster Grandparent Program



APPLICATION TO BE A FOSTER GRANDPARENT

Name: _____ Date: _____

Address: _____
Street City or Town State Zip Code

Telephone Number: _____ Married Single Widowed Separated

Are you an American Citizen? Yes _____ No _____ Social Security Number: _____

Birth Date: ___/___/___ Medicare Number: _____ Medicaid Number: _____

INCOME INFORMATION:

Number of persons living in your home: _____

List, by legal name, all persons living in your home: _____

Name of your legal dependents: _____

SOURCE OF INCOME

MONTHLY AMOUNT

A.	S.S.I.	Self:	_____
		Spouse:	_____
		Dependent:	_____
B.	Social Security	Self:	_____
		Spouse:	_____
C.	TANF fka AFDC		_____
D.	Pensions		_____
E.	Dividends		_____
F.	Interest on savings		_____
G.	Earnings from yourself or others in in the home.		_____
H.	Income from other sources from either yourself or others in the home. (Please list sources: _____)		_____

TOTAL HOUSEHOLD MONTHLY INCOME: _____

TOTAL HOUSEHOLD ANNUAL INCOME: _____

SAMPLE

Years of school completed: _____

What kind of transportation do you plan to use: _____

Previous occupations or volunteer activities: _____

Hobbies and special skills: _____

Language(s) spoken: _____

Two character references (not relatives). Must have to process your application:

<u>Name</u>	<u>Address</u>	<u>City/State</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____

Special equipment needed to volunteer: Yes No

If yes, please describe _____

Tell why you wish to be a Foster Grandparent: _____

I certify that the above information is true and correct. I understand that false information may result in my dismissal from service as a stipended Foster Grandparent.

Signature of Applicant Date

Signature of Program Staff Date