

FOSTER GRANDPARENT PROGRAM
437 N. Topeka St
Wichita, KS 67202
(316) 264-8344

APPLICATION FORM (REVISED)

(PLEASE PRINT AND ANSWER ALL QUESTIONS)

FIRST, MIDDLE & LAST NAME _____ AGE _____
 ADDRESS _____ DOB _____
 CITY/STATE/ZIP _____ SSN _____
 PHONE _____ EMAIL (required) _____

Estimated **net income** for the next 12 months: \$ _____ (if married include spouse income)

Total # of persons (including yourself) in household dependent on this income _____

Education completed? _____ Marital Status: married divorced single widow

Previous occupation _____ Previous volunteer service _____

Have you ever worked with children? YES NO If yes, Where? _____

Are you willing to consent to a background check regarding Child Abuse/Neglect or any other Criminal Offense? ___ YES ___ NO
Signature required _____

How did you hear about the Foster Grandparent Program? _____

Do you have your own means of transportation? YES or NO (Please circle one)

If yes, please give your driver's license # _____ (Please provide a **copy** of your DL)

ID verified by: _____ date _____
Office use only

Please turn over to complete page 2

EMERGENCY INFORMATION

Name of person to notify in case of emergency _____
Name Relationship

Address _____

Cell Phone _____ Home Phone _____ Work Phone _____



What makes you feel you would be a successful foster grandparent? _____

List your hobbies and special skills _____

Were you born in the United States? YES or NO *if no, where* _____

Are you a veteran? YES or NO Army Navy Air force Marines

REFERENCES (REQUIRED)

Please list character references (**NO RELATIVES**) below and provide a complete address each **DO NOT ADD PHONE NUMBERS!**

| NAME | ADDRESS (double check ref address for clarity) | ZIPCODE |
|-------|---|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Applicant Signature

Date of application

Eligibility to be a Foster Grandparent shall not be restricted on the basis of formal education, experience, race, religion, color, national origin, sex, age, handicap, or political affiliation. Language assistance, including a translated application, available in Spanish and Vietnamese [Translation in Spanish & Vietnamese]