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

APPLICATION FORM (PLEASE PRINT AND ANSWER ALL QUESTIONS)

NAME	BIRTH DATE	AGE
ADDRESS	S.S.N	
CITY/STATE/ZIP	Medicare #	
PHONE	Medicaid#	
Estimated net income for the next 12 months: <u>\$</u> .	There are persons in my househo	ld dependent on this
I have completed years in school.		
Previous occupation Previous v	volunteer service	
Have you ever worked with children? YES NO Where?		
Are you willing to consent to a background check regarding Child Ak NO	buse/Neglect or any Criminal Offense?	YES
Where did you hear about the Foster Grandparent Program?		
Do you have your own means of transportation? YES NC) (Please circle one)	
If yes, please give your driver's license #		
Do you have an email address: YES or NO		

Please turn over to complete page 2

MARITAL STATUS:	

EMERGENCY INFORMATION Name Name Address Address Home Phone Work Phone Work Phone What makes you feel you would be a successful foster grandparent? List your hobbies and special skills Country of birth Country of birth Are you active military? Are you a veteran? Interest (REOUIRED) Must List three character references (NOT RELATIVES) Example: JOHN DOE, 123 Parklane Dr, Wichi	
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NAME ADDRESS	
	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]