

**FOSTER GRANDPARENT PROGRAM**

**437 N. Topeka St  
Wichita, KS 67202  
(316) 264-8344**

**APPLICATION FORM**

**(PLEASE PRINT AND ANSWER ALL QUESTIONS)**

FIRST, MIDDLE & LAST NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ DOB \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ SSN \_\_\_\_\_

PHONE \_\_\_\_\_ Medicare# \_\_\_\_\_

EMAIL \_\_\_\_\_ Medicaid # \_\_\_\_\_

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

There are \_\_\_\_\_ other persons in my household dependent on this income. (Do not include yourself in the total)

I have completed \_\_\_\_\_ years in school. Marital Status: \_\_\_\_\_ (married, divorced single, or widow)

Previous occupation \_\_\_\_\_ Previous volunteer service \_\_\_\_\_

Have you ever worked with children? YES NO 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 \_\_\_\_\_

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, list the **country*** \_\_\_\_\_

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 NO PHONE NUMBERS!

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]