

INTERVIEW DATE: _____

START DATE: _____

**FOSTER GRANDPARENT PROGRAM
2210 EASTEX FREEWAY
BEAUMONT, TX 77703
(409) 899-8444 EXT. 6441, 7510**

JANUARY 2016 REVISION

CONFIDENTIAL VOLUNTEER APPLICATION

Please answer each question as thoroughly as possible. Please **print** or **type** each answer. If you have any questions regarding the South East Texas Foster Grandparent Program or need any help in completing this form please feel free to call our office at **409 899-8444, ext. 6441 or 7510**

Name: _____

Last

First

Middle

Address: _____

Street

City or Town

Zip Code

How long have you lived at this address? _____

If under one year what was your previous address? _____

Telephone Number: _____ Cell Number: _____

Social Security Number: _____

Birthdate: _____ AGE: _____

Please check one below:

Married [] Widowed [] Single [] Divorced []

Birth Place: _____

Years of School Completed _____ Previous Occupation _____

Are you a veteran? [] Yes [] No

If so, what branch _____ Year _____

PHYSICAL CONDITION:

1. Please describe your physical condition:

Excellent [] Good [] Fair [] Poor []

Please explain if you consider your physical condition fair or poor.

2. Please list any medications you are currently using, the reason you are taking the medication and the milligrams of the medication below: **PLEASE WRITE CLEARLY**

MEDICATION NAME	PURPOSE OF MEDICATION	DOSAGE (Ex: 5mg, 10mg)	AM	PM

(Please use the backside of this page for additional medications)

Do you have any medication allergies? (If so, please list them below):

PHYSICIAN INFORMATION:

Physician's Name: _____

Address _____

Phone _____

3. List two local emergency contacts below. Please include your relationship to them.

Emergency Contact #1:

Name: _____

Address: _____

Street

City/State

Zip

Home Telephone Number: _____

Work Telephone Number: _____

Cell Number: _____

Relationship: _____

Emergency Contact #2:

Name: _____

Address: _____

Street

City/State

Zip

Home Telephone Number: _____

Work Telephone Number: _____

Cell Number: _____

Relationship: _____

INSURANCE INFORMATION:

4. Medicare No: _____ Part A _____ Part B _____

5. Medicaid No. _____

6. Please list any other supplemental insurance policies you may have:

a. _____

b. _____

c. _____

OTHER INFORMATION:

1. What kind of transportation do you plan to use? _____

- If you plan to use your own car, do you have?

Current Liability Insurance? Yes [] No []

(If yes, please attach copy to application)

Vehicle Insurance Company: _____

Policy Number: _____

Insurance Expiration Date: _____

Valid Driver's License? Yes [] No []

(If yes, please attach copy to application)

Driver's License Number: _____

Driver's License Expiration Date: _____

2. Please list membership in senior clubs/organizations

a. _____

Name of Organization

Years

b. _____

Name of Organization

Years

3. Please list any hobbies, special training and special skills you have:

4. Please list any language (s) you are able to speak (other than English):

a. _____

b. _____

c. _____

5. Explain why you wish to be a Foster Grandparent: _____

6. Are you willing to volunteer during the:

Morning [] Afternoons [] After School []

7. Are you willing to volunteer at least 15 hours each week? Yes [] No []

8. Are you willing to volunteer at least one year? Yes [] No []

9. Have you ever volunteered or been employed in any capacity around children? Yes [] No [] ***If so, please explain:*** _____

10. Have you **ever** been arrested, charged or convicted of a felony or misdemeanor? Yes [] No []

11. Did it result in imprisonment? Yes [] No [] ***If yes, please explain:***

12. Have you **ever** been convicted for a motor vehicle offense such as DWI or DUI? Yes [] No [] ***If yes, please explain:*** _____

13. Have you had any experience with adults and/or children with emotional and/or physical problems? Yes [] No [] If yes, please explain:

14. How were you parented as a child? _____

What forms of discipline did your parents use? _____

15. How did you discipline your children? _____

16. Have you ever been exposed to child abuse or neglect, and/or physical, emotional or sexual abuse? Yes [] No [] If yes, please explain:

REFERENCES:

Please list **three**-character references who are **NOT RELATIVES**. Please indicate how long you have known each of these references. (Failure to list **complete** address **including zip code** will hold up processing of your application)

Reference #1:

Name: _____

Address: _____
Street *City/State* *Zip*

Home/Cell Number: _____ Years Known: _____

Relationship: _____

Reference #2:

Name: _____

Address: _____
Street *City/State* *Zip*

Home/Cell Number: _____ Years Known: _____

Relationship: _____

Reference #3:

Name: _____

Address: _____
Street *City/State* *Zip*

Home/Cell Number: _____ Years Known: _____

Relationship: _____

HOUSEHOLD INCOME INFORMATION:

1. List the number of persons living in your household: _____

2. Name (s) of legal dependents and relationship:

a. _____

b. _____

c. _____

d. _____

3. Please list the monthly medical expenses for your **household** after insurance reimbursement. List your income under the column marked applicant, list the income of another person(s) living in your household under the column marked other.

	APPLICANT	OTHER
Monthly health insurance payments	\$ _____	\$ _____
Monthly medications	\$ _____	\$ _____
Monthly health care services	\$ _____	\$ _____

4. Please list your monthly sources of income below for your household:

INCOME SOURCES:	APPLICANT	OTHER
Social Security	\$ _____	\$ _____
St. Supplemental Income (S.S.I.)	\$ _____	\$ _____
Annuity Income	\$ _____	\$ _____
Pension Income	\$ _____	\$ _____

Income from Rent Property	\$ _____	\$ _____
Income from Stocks & Bonds	\$ _____	\$ _____
Public Assistance	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Workers Compensation	\$ _____	\$ _____
Other Sources	\$ _____	\$ _____

I hereby certify that the information I have given is, to the best of my knowledge, true and correct. I understand that misrepresentation or omission of facts is sufficient reason for application disqualification and/or dismissal. My signature indicates agreement for investigation and inquiries to be conducted by the Foster Grandparent Program relative to the information I have supplied on this application, including but not limited to, a criminal history check, reference check and investigation into my history. I specifically waive any rights to confidentiality with regard to the information contained in this application.

_____	_____
Foster Grandparent Signature	Date of Review

[] Check here if you give permission for a roster with your name, address and home phone number to be printed and handed out to other Foster Grandparents only.

THIS SECTION FOR FGP STAFF USE ONLY.

(PLEASE DO NOT WRITE IN THIS SECTION)

FOR OFFICE USE ONLY:

Total Grandparent Monthly Income:	\$ _____ (+)
Total Monthly Income from Others:	\$ _____ (+)
Monthly Medical Deductions:	\$ _____ (-)
Total Household Income/Month	\$ _____
Total Household Income x 12 months:	\$ _____
Total Household Income Guideline:	\$ _____
Plus 20% (FGP over 1 year) (_____) in household	\$ _____
TOTAL INCOME	\$ _____

I certify that the Foster Grandparent IS / IS NOT eligible to continue in the Program.

Project Staff Signature

Date of Review