I FOSTER GRANDPARENT PROGRAM
437 N. Topeka
Wichita, KS 67202-2413
(316) 264-8344

APPLICATION FORM

(PLEASE PRINT)

NAME _____ BIRTH DATE _____ AGE _____

PHONE _____ S.S. # _____

ADDRESS _____ Medicare # _____

_____ Medicaid # _____
CITY / STATE / ZIP

Estimated net income for the next 12 months: $_____. There are _____ persons in my household dependent on this income.

I have completed _____ years in school.

Major 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 Criminal Offense? YES NO

I have # _____; I have # _____; I have # _____
Children Grandchildren Great-Grandchildren

Where did you first hear about the Foster Grandparent Program? _____

_____

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

If yes, please give your driver's license # _____

Are you willing to transport other foster grandparents? YES NO (Please circle one)

HEALTH INFORMATION

Personal Physician's Name _____ ADDRESS _____

Physician's Phone # _____

EMERGENCY INFORMATION

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

Address _____

Home Phone _____ Work Phone _____

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