



APPLICATION FOR
FOSTER GRANDPARENT

INFORMATION IS REQUIRED TO MEET FEDERAL AND STATE GUIDELINES
(All information will remain confidential and used expressly for Tri-Valley Opportunity Council, Inc.)

Name: Ms. ☐ Mr. ☐

Last

First

Middle

Address: _____ Telephone: (_____) _____
Street

City

E-Mail: _____

State

Zip Code

Birthdate: ____ / ____ / ____ Age: ____

Marital Status: Married ☐

Number of persons living in your home: Yourself: 1 *Others: ____ Total: ____

Single ☐

*If others, please list relationship: _____

Have you ever been convicted of a felony? Yes ☐ No ☐

Are you a US Veteran? Yes ☐ No ☐

What is your physical condition? Excellent ☐ Good ☐ Fair ☐ Poor ☐

Do you prefer to serve: Mornings ☐
Afternoons ☐

Do you prefer to serve: Children ☐
Young Adults ☐

Why do you wish to be a Foster Grandparent? _____

Use reverse side if necessary

Previous occupations: _____

Special skills, hobbies, interests: _____

How did you hear about the Foster Grandparent Program? (be specific) _____

List 2 character references who are not relatives:

Name #1

Address

Telephone

Name #2

Address

Telephone

TOTAL HOUSEHOLD INCOME

(For information regarding eligibility guidelines,
please check with FG staff.) (Remember to include all members
living in the household)

Social Security (monthly) \$ _____

All Other Income (monthly) + \$ _____

Total Monthly Income = \$ _____

Annual Income \$ _____
(total monthly income 12 months)

Annual Medical Deduction - \$ _____
(not to exceed 50% of Income Guidelines)

TOTAL ANNUAL INCOME = \$ _____

I certify that, to the best of my knowledge, the information provided is correct and understand that the two character references listed above will be contacted and that I agree to have a criminal background check completed in accordance with the Federal requirements for the Foster Grandparent Program. Selection into the program is contingent on criminal background and reference checks.

Signature

Date