NEW HANOVER COUNTY
FOSTER GRANDPARENT PROGRAM APPLICATION AND ENROLLMENT FORM

Name:_____ **DOB:**_____

Mailing Address:_____

Home Phone:_____ **Cell Phone:**_____

Email Address:_____ **Gender:** ☐**Male** ☐**Female**

Race: ☐**American Indian/Alaska Native** ☐**Asian** ☐**Black/African American**

☐**White/Caucasian** ☐**Native Hawaiian/Pacific Islander**

Are you a veteran of the US Armed Forces? ☐**Yes** ☐**No**

INTERESTS/SKILLS/KNOWLEDGE

Past Employment:_____

Volunteer Experience:_____

Skills/Talents/Hobbies:_____

Years of school completed:_____ **Language(s) Spoken:**_____

Have you ever worked with children? If so, where?_____

What makes you feel you would be a successful Foster Grandparent Volunteer?_____

_____

Please list your preferences for hours of work (example… 8-12):_____

EMERGENCY CONTACT/ILLNESS

All applicants must complete a physical before placement. Do you have a chronic illness or disability? ☐**Yes** ☐**No**

If yes, please explain:_____

Please list any medications you regularly take:_____

Personal Physician Name and Phone:_____

Emergency Contact Name:_____ **Relationship:**_____

Address:_____

Phone:_____

TRANSPORTATION

Do you have your own means of transportation? ☐Yes ☐No

If not, what type of transportation do you plan to use?_____

BACKGROUND INFORMATION

All applicants must undergo criminal background checks before placement. Persons with records of sexual offenses will not be allowed to serve in the Foster Grandparent Program. Other prior arrests will not automatically preclude enrollment, based on the discretion of Senior Corps staff.

Do you consent to the Foster Grandparent Program staff arranging for a criminal history check in accordance with the Federal requirements for the Foster Grandparent Program? ☐Yes ☐No

Please list two character references (not relatives), including their complete address and phone number:

1._____

2._____

AUTOMOBILE INSURANCE INFORMATION

NAME OF INSURANCE CO:_____ POLICY NUMBER:_____

NAME OF POLICY HOLDER:_____

DRIVER'S LICENSE NUMBER:_____ EXPIRATION DATE:_____

BENEFICIARY OF FGP INSURANCE: NAME:_____ RELATIONSHIP:_____

ADDRESS OF BENEFICIARY:_____PHONE:_____

INCOME ELIGIBILITY

In order to receive a stipend a Foster Grandparent cannot have an annual income from all sources, after deducting allowable medical expenses, which exceeds the program's income eligibility guideline for the state in which he or she resides. Annual income is required to be counted for *the past 12 months for serving volunteers and is projected for the next 12 months for new applicants*.

Marital Status: ☐**Married** ☐**Widow(er)** ☐**Single** ☐**Divorced** ☐**Legally Separated**

Total number in the household: _____

SOURCES OF MONTHLY INCOME

In all categories below list all sources of income for the volunteer applicant and spouse, if living in same residence.

TYPE	YOURSELF	SPOUSE	HOUSEHOLD INCOME	TOTAL
Social Security				
VA Benefits				
SSI				
Retirement				
Rental				
Interest				
Inheritance				
TOTAL				

ALLOWABLE DEDUCTIONS FOR MEDICAL EXPENSES (PLEASE NOTE, UP TO 50% OF THE MAXIMIZED QUALIFYING AMOUNT CAN BE DEDUCTED)

1. **Health Insurance Premiums:** _____ **Per Month** **OR** _____ **Per Year**
2. **Doctor visits/medical bills:** _____ **Per Month** **OR** _____ **Per Year**
3. **Prescription drugs:** _____ **Per Month** **OR** _____ **Per Year**
4. **Other allowable medical costs:** _____ **Per Month** **OR** _____ **Per Year**

_____***Total per month*** _____***Total per year***

**** "I certify that the information furnished above is correct and understand that falsification of information may result in my being deemed ineligible to receive a stipend as a Foster Grandparent."** ***I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both under Section 1001 of Title 18, U.S.C.***

I understand that if I use my personal automobile in my volunteer service, I will keep my driver's license and automobile liability insurance equal to the minimum limits required by our state.

Volunteer Signature:_____ **Date:**_____

FGP use only

Documentation of current income, NCDL or NC State ID, and auto insurance has been reviewed and is on file.

FGP Coordinator Signature_____ **Date**_____