



Community Action and Human Services Department Foster Grandparent Program Application



701 N.W 1st Court 11th Floor Miami, Fl 33136
Phone #: (786) 469-4845 (786) 469-4844 Fax #: (786) 469-4510

Last Name: _____ First Name: _____

Address: _____
City: _____ State: _____ Zip Code: _____

Gender: Female Male
Marital Status: Married Widowed
 Single Divorced

Telephone No.: _____ email address: _____

Age: _____ Birth Date: _____ Last Four Digits of Social Security Number: _____

Highest Level of Education: _____ Languages Spoken: _____

Ethnicity: _____

Physical Condition : Excellent Good Fair Poor

No. of persons living in your home: _____

Tell us why you wish to become a Foster Grandparent :

Method of Transportation: _____

Willing to work: Mornings Afternoons

How did you hear about our program?: _____

List Hobbies & Special Skills: _____

Two Character References

1) Name: _____ Telephone# _____
Address: _____
City: _____ State: _____ Zip Code: _____

1) Name: _____ Telephone# _____
Address: _____
City: _____ State: _____ Zip Code: _____

Financial Eligibility

Your Annual Income: \$ _____

Total Annual Income of your entire Household: \$ _____

Methods of Income	Yours	Your Spouse	Other Household Members
Social Security Benefits Per Mo. (\$) _____			
Supplemental Security Income (SSI) _____			
Food Stamps..... _____			
Rent received from Real Estate..... _____			
Income from Stocks and Bonds _____			
Income from wages or salary _____			
Other Income..... _____			

Certification

I _____, do certify that the above information as stated is correct to the best of my knowledge.
I also consent to the Foster Grandparent Program performing or arranging for a criminal history check
in accordance with the Federal requirements for the Foster Grandparent Program.

Signature _____

Date _____

For FGP Program Office Use Only:

Eligible Not Eligible Annual Income _____