



# FOSTER GRANDPARENT PROGRAM OF CENTRAL PENNSYLVANIA

**Serving Mifflin, Northumberland, Snyder, & Union Counties**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Proof of Age \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Years of School Completed: \_\_\_\_\_

Job Experience \_\_\_\_\_

Interests, Hobbies, etc. \_\_\_\_\_

Health: Excellent ( ) Good ( ) Fair ( ) Poor ( )

Medications: \_\_\_\_\_

PA Drivers License Yes ( ) No ( ) Do you have a car? Yes ( ) No ( )

Is the income listed below shared with other in the household? Yes ( ) No ( )

If yes, how many? \_\_\_\_\_

INCOME SOURCES	ANNUAL TOTAL
<b>Social Security Benefits</b> Self: _____ Spouse: _____	\$ _____
<b>SSI Benefits</b> Self: _____ Spouse: _____	\$ _____
<b>Income from Pensions</b> Self: _____ Spouse: _____	\$ _____
<b>Income from Annuities, Dividends, Interest from Savings</b> Self: _____ Spouse: _____	\$ _____
<b>Additional Income</b> Self: _____ Spouse: _____	\$ _____
<b>Total Income</b>	\$ _____
<b>Less Medical Expenses*</b> (if needed)	
Prescription Drugs Self: _____ Spouse: _____	\$ _____
Health Insurance Self: _____ Spouse: _____	\$ _____
Over the counter Self: _____ Spouse: _____	\$ _____
Other (hearing aides, dentures, glasses, supplies, etc.) Self: _____ Spouse: _____	\$ _____
Total Income	\$ _____
Total Deductions	-
<b>Annual Income</b>	<b>\$ _____</b>

**References: Please list three people who are not related to you.**

**Reference #1: Name:**\_\_\_\_\_

**Address:**\_\_\_\_\_

\_\_\_\_\_

**Phone:**\_\_\_\_\_

**Reference #2: Name:**\_\_\_\_\_

**Address:**\_\_\_\_\_

\_\_\_\_\_

**Phone:**\_\_\_\_\_

**Reference #3: Name:**\_\_\_\_\_

**Address:**\_\_\_\_\_

\_\_\_\_\_

**Phone:**\_\_\_\_\_

**Signature of Applicant**\_\_\_\_\_ **Date**\_\_\_\_\_

**Signature of Interviewer**\_\_\_\_\_ **Date**\_\_\_\_\_