



# Two Feet Forward Program Application

(PLEASE PRINT)

Grandparent's Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

Grandchild's Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child's School: \_\_\_\_\_

Telephone Number of Child's School: \_\_\_\_\_

I (the Grandparent) am financially responsible for the child. YES \_\_\_\_\_ NO \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**Please return this application to: East Central Kansas Area Agency on Aging**

Phyllis Tillinghast  
117 South Main  
Ottawa, KS 66067

If you have questions please call Phyllis at 1-800-633-5621 or 1-785-242-7200. The East Central Kansas Area on Aging is offering this program with funding from the Older Americans Act Family Care Giver Support Program. Eligibility for the Two Feet Forward program is established and will be followed. Funds are limited and will be distributed by date of receipt of application.



East Central Kansas  
Area Agency on Aging

Resource Center

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