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| **FOSTER GRANDPARENT (FGP) VOLUNTEER APPLICATION** | | | |
| **Fill out and send or email to:** | **Foster Grandparent Program** **233 West Main Street**  **Fort Wayne, IN 46806**  **PHONE:** **(260) 426-2273** **Fax:** **(260) 424-2273**  **www.fgpfw.org** | Today’s Date |  |
| **Danielle Lyons, Program Director Email**: fgpfw@outlook.com **Allison Kosnik, Volunteer Coordinator  Email**: akfgp@outlook.com | Date Application Received  **Office Use Only** |  |
| Contact Date  **Office Use Only** |  |
| Interview Date  **Office Use Only** |  |

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| **Name:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | **Nickname:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address:** | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | |  | IN | | | | | | | | | | | | | | |  | | | | | |  | | | | | |
|  | | | | | |  | | *Number & Street* | | | | | | | | | | | | | | | | | | | | |  | | | | *City* | | | | | | | | | | | | | | | | | | | | | |  | | | *County* | | | | | | | | | | | | | | | *State* | | | | | | | | | | | | | |  | | | | | *Zip* | | | | | | |
| Telephone #: | | | | | |  | | ( ) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Cell Phone: | | | | | | | | | | | | | | |  | | ( ) | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Email: | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | @ | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | Date Of Birth | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | |
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| City Where You Were Born: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | State Where you were Born: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Are You A Military Veteran? | | | | | | | | | | | | | | | | | | | | |  | | | | | YES | | | |  | | | |  | | | | | | NO | | | | | | Are you Hispanic or Latino? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | YES | | | | | |  |  | | | NO |
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| Are you Disabled? | | | | | | | | |  | | | | YES | | | | | | |  | |  | | NO | | | | | Determined By Social Security Administration? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | YES | | | | | |  |  | | | NO |
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| **What type of health insurance do you have? Note all that apply.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Medicare # | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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|  | | Medicaid # | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Private # | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | NONE | | | | | | | |
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| **What is your race? (check all that apply)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | White | | | | | | | | | |  | | | | | | | Asian | | | | | | | | | |  | | | | | | | | | Black/African American | | | | | | | | | | | | | | | | | | | |
|  | Native Hawaiian/ Pacific Islander | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | US Indian/Alaska Native | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Other | | | | | | | | |  | | | | | | | Don‘t know | | | | | | | | | | | | | | | |
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| What is your residency status? | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Citizen | | | | | | | | | | | |  | | Permanent Resident | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Temporary Resident | | | | | | | | | | | | | | | | | |
| Housing: | | | | |  | | Own | | | | | | | | | |  | | | | | | Rent | | | | |  | | | | | | | | Shelter | | | | | | | | | | | |  | | Homeless | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | At Risk | | | | | | | | | | | | | | | | | |
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| Are you head of household? | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | YES | | | | | |  | | | | | NO | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If NO,** what is your relationship to head of household? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| What is your marital status? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | |
|  | Married | | | | | | | | | | | | |  | | | | Single | | | | | | | | |  | | | | | Divorced | | | | | | | | | | | | | | | | |  | | | | | Widowed | | | | | | | | | | | | | | | | | | | | |  | | | | | | Living together | | | | | | | | | | | | | | | | | |
| Language(s) Spoken | | | | | | | | | | | English | | | | | | | | | | | | | | Spanish | | | | | | | | | | | | | | | | | | | Chinese | | | | | | | | | | | | | | | | | | | | French | | | | | | | | | | | | | | | | | | | | | | | | | | German | | | | | | | | |
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| **What is your highest level of education?** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Last grade completed | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | High School Diploma | | | | | | | | | | | | | | | | | | | | | |
|  | | | GED | | | | | | |  | | | | | 12+ Some Post-Secondary | | | | | | | | | | | | | | | | | | | | | | | |  | | | College 2 Year Degree | | | | | | | | | | | | | | | | | | | | | | | |  | | | College 4 Year Degree | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Previous Occupation(s):** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Did you retire? | | | | | | | | | | | | | | | | | | | | |  | | | | | | YES | | | | | | | | | |  | NO | |
| List any hobbies, social skills or interests that you have: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Describe your past experience working with children, & tell us why you would like to become a Foster Grandparent. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| How did you hear about our program? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Doctor’s Name:** | | | | |  |  | | | | | | | | | | | | | | | |  | | **Telephone #:** | | | | | | | | | | | |  | ***( )*** | | | | | | | | | | | | | |  |
| **Address:** | | | | |  |  | | | | | | | | |  | |  | | | | | | | |  |  | | | | | | | | | | |  | | IN | | | | | | | |  | |  | |  |
|  | | | | |  | *Number & Street* | | | | | | | | |  | | *City* | | | | | | | |  | *County* | | | | | | | | | | |  | | *State* | | | | | | | |  | | *Zip* | |  |
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| Is there are any health conditions that would limit the volunteer’s ability to participate in routine program activities such as lifting, climbing stairs or being outdoors? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **What transportation would you use to get to and from your site?** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | |  |
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| ***If you drive your own vehicle you must maintain personal auto liability insurance and a current driver’s license. Your signature below acknowledges and affirms that it is your responsibility to maintain both.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please list two references that are NOT related to you.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Name** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | |  | | | |  | | | | | |  |
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|  | **Address** | | | | | | | | | | | |  | **City** | | | | | |  | | | **State** | | | | |  | | | **Zip** | | | | | | | | | |  | | | | **Telephone #** | | | | | |  |
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|  | **Name** | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | | |  | | | | | | | | | | | | | | | | | | | |  |
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|  | **Address** | | | | | | | | | | | |  | **City** | | | | | |  | | | **State** | | | | |  | | | **Zip** | | | | | | | | | |  | | | | **Telephone #** | | | | | |  |
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| **Income guidelines *for stipend volunteers only*:** | | | | | | | | | | | | | | | | | | | |  | | | ***INCOME*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of persons living in your home: | | | | | | | | | | | | | |  | | | |  | |  | | | Social Security | | | | | | | | | | | | | | | | |  | | | ***$*** | | | | |  | | |  |
| Name(s) of legal dependents | | | | | | | | |  | |  | | | | | | |  | |  | | | SSI | | | | | | | | | | | | | | | | |  | | | ***$*** | | | | | ***N/A*** | | |  |
|  |  | | | | | | | | | | | | | | | | |  | |  | | | SSDI (SS Disability) | | | | | | | | | | | | | | | | |  | | | ***$*** | | | | | ***N/A*** | | |  |
|  |  | | | | | | | | | | | | | | | | |  | |  | | | Do You Receive Rent *From* Anyone? | | | | | | | | | | | | | | | | |  | | | ***$*** | | | | |  | | |  |
| Your Estimated Gross Income for the Next Year | | | | | | | | | | | | | | | |  | |  | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | Spouse’s Income | | | | | | | | | | | | | | | | |  | | | ***$*** | | | | |  | | |  |
| **Do you receive any non-cash benefits?** *Check all that apply:* *And Note Amount:* Food Stamps/Benefit Card \_\_\_\_\_\_\_\_\_\_ State Children’s Health Insurance \_\_\_\_\_\_\_\_\_\_ VA Medical Services \_\_\_\_\_\_\_\_  Earned Income Tax Credit \_\_\_\_\_\_  WIC \_\_\_\_\_\_\_  TANF non cash benefits \_\_\_\_\_\_\_\_\_\_ Temporary Rental Assistance \_\_\_\_\_\_\_\_ Section 8 Rental Assistance \_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |  | | | Pension Income | | | | | | | | | | | | | | | | |  | | | ***$*** | | | | |  | | |  |
|  | | | Wages/Self-Employed | | | | | | | | | | | | | | | | |  | | | ***$*** | | | | |  | | |  |
|  | | | Annuity Income | | | | | | | | | | | | | | | | |  | | | ***$*** | | | | |  | | |  |
|  | | | Employment Disability | | | | | | | | | | | | | | | | |  | | | ***$*** | | | | |  | | |  |
|  | | | Other Income**/**None | | | | | | | | | | | | | | | | |  | | | ***$*** | | | | |  | | |  |
| **TOTAL INCOME:** | | | | | | | | | | | | | | | | |  | | |  | | | | |  | | |  |
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| **Emergency Contact Name:** | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | |  | | | **Relationship:** | | | | | | | | | | | |  | |  | | | | | |
| **Home Phone:** | | |  | ***( )*** | | | | | | | | | | | | | | |  | | **Work Phone:** | | | | | | | | | | | | |  | ***( )*** | | | | | | | | | | | | | | | | |
| I hereby attest that all information given is, to the best of my knowledge, accurate. I understand that the Foster Grandparent Program will run multiple criminal checks on me, and that my selection as a Foster Grandparent will be contingent on the results. I will be given the opportunity to dispute any findings that I do not think is accurate. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Volunteer Signature:** | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | ***Date*** | | | | |  | | | |  | | | | | | | | |  |
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