

APPLICATION FOR  
**FOSTER GRANDPARENT - SENIOR COMPANION**  
 INFORMATION IS REQUIRED TO MEET FEDERAL AND STATE GUIDELINES  
 (All information will remain confidential and used expressly for LSS Senior Corps Program records)

**Name:** Mr.  Ms.  \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_ **Telephone:** ( \_\_\_\_\_ ) \_\_\_\_\_  
Street

\_\_\_\_\_ **E-Mail:** \_\_\_\_\_  
City

\_\_\_\_\_ **Birthdate:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Age:** \_\_\_\_  
State Zip Code

**Marital Status:** Married  **Number of persons living in your home:** Yourself: **1** \*Others: \_\_\_\_\_ Total: \_\_\_\_\_  
 Single  \*If others, please list relationship: \_\_\_\_\_

**Have you ever been convicted of a felony?** Yes  No

**What is your physical condition?** Excellent  Good  Fair  Poor

**Please explain:** \_\_\_\_\_  
Use reverse side if necessary

**Do you prefer to serve:** Mornings  Afternoons  **Do you prefer to serve:** Children  Adults

**What kind of transportation do you plan to use?** Automobile  Bus  Other  \_\_\_\_\_

**Why do you wish to be a Foster Grandparent or Senior Companion?** \_\_\_\_\_

Use reverse side if necessary

**Previous occupations:** \_\_\_\_\_

**Special skills, hobbies, interests:** \_\_\_\_\_

**How did you hear about the Foster Grandparent / Senior Companion Program? (be specific)** \_\_\_\_\_

**List 2 character references who are not relatives:**

\_\_\_\_\_  
 Name #1

\_\_\_\_\_  
 Address Telephone

\_\_\_\_\_  
 Name #2

\_\_\_\_\_  
 Address Telephone

<b>TOTAL HOUSEHOLD INCOME</b>	
<small>(For information regarding eligibility guidelines, please check with SC/FG staff.)</small>	
Social Security (monthly)	\$ _____
All Other Income (monthly) +	\$ _____
<b>Total Monthly Income =</b>	<b>\$ _____</b>
Annual Income <small>(total monthly income 12 months)</small>	\$ _____
Annual Medical Deduction - <small>(not to exceed 50% of Income Guidelines)</small>	\$ _____
<b>TOTAL ANNUAL INCOME =</b>	<b>\$ _____</b>

I hereby certify that, to the best of my knowledge, the above information is correct:

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date