



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
Social Security Benefits Self: _____ Spouse: _____	\$ _____
SSI Benefits Self: _____ Spouse: _____	_____
Income from Pensions Self: _____ Spouse: _____	\$ _____
Income from Annuities, Dividends, Interest from Savings Self: _____ Spouse: _____	\$ _____
Additional Income Self: _____ Spouse: _____	\$ _____
Total Income	\$ _____
Less Medical Expenses* (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	- _____
Annual Income	\$ _____

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**_____