



OUIDA FOSTER TOUTEBON
Executive Director

HEAD START OF ROCKLAND, INC.
117 Route 9W
Haverstraw, New York 10927-1404
Tel: 845-429-4122
Fax: 845-429-4133
E-Mail info@headstartofrockland.org
www.headstartofrockland.org



Foster Grandparent Program Application

Date (of application): _____

Name: _____

Address: _____

City, State, Zipcode: _____

Telephone (Home): _____

Telephone (Cell): _____

Email: _____

Date of Birth (mm/dd/yyyy) ____/____/____

Age: _____

Sex: _____

Ethnicity (Optional): _____ White _____ Black _____ Latino _____ Asian
_____ Native American _____ Other

What Languages are you fluent in?

What was the highest level of schooling completed?

Please tell us about your work history.

Date Retired (mm/dd/yyyy): ____/____/____

Please submit this application via email to info@headstartofrockland.org, or via mail to:
117 Route 9W
Attn: Foster Grandparent Program
Haverstraw, NY 10927.



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Have you served as a volunteer before? Please tell us about your experience.

Are you a part of any Community Organizations? If yes, what are they?

What are your hobbies?

How many children, grandchildren, or great-grandchildren do you have?

Have you worked with children or Special Needs children before? What was the age group you worked with? Tell us about your experience.

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Why would you like to become a Foster Grandparent?

Where did you hear about the Foster Grandparent Program?

Please place an "x" in the below table indicating when you are available to serve as a Foster Grandparent.

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 am					
9:00 am					
10:00 am					
11:00 am					
12:00 pm					
1:00 pm					
2:00 pm					
3:00 pm					
4:00 pm					

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Emergency Contact Information

Name: _____

Relationship: _____

Address: _____

City, State, Zipcode: _____

Telephone (Home): _____

Telephone (Cell): _____

Telephone (Work): _____

Email: _____

Medical Information

Doctor: _____

Phone Number: _____

Address: _____

List of Medications: _____

Allergies: _____

How would you describe your physical condition?

Transportation Information

If applicable, what is your TRIPS Number?

Drivers License Number: _____

Make of Vehicle: _____ Model: _____

Year: _____ Plate Number: _____

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Please provide information for three character references (not related) below.

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

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Income Eligibility

In order to receive a stipend a Foster Grandparent must be at least 55 years of age and cannot have an annual income from all sources, after deducting allowable medical expenses, which exceeds the program's income eligibility. Annual income is required to be counted for the past 12 months for serving volunteers and is projected for the next 12 months for new applicants.

How many people currently reside in your residence (including yourself)? _____

Current Income	Volunteer's Monthly Income	Spouse's Monthly Income	Total Monthly Income	For Office Use Only	
					Total Annual Income
Social Security				X 12 months	
SSI / SSDI				X 12 months	
Pension				X 12 months	
Interest/Dividends				X 12 months	
Other				X 12 months	
COLUMN TOTALS				X 12 months	
Current Allowable Deductions	Volunteer's Allowable Deductions	Spouse's Allowable Deductions	Total Monthly Allowable Deductions		Total Annual Allowable Deductions
Health Insurance Premiums				X 12 months	
Prescription Drugs				X 12 months	
Medical Bills				X 12 months	
Other				X 12 months	
COLUMN TOTALS				X 12 months	

I certify that the information furnished above is correct and understand that falsification of information may result in my being deemed ineligible to receive a stipend as a Foster Grandparent. I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both under Section 1001 of Title 18, U.S.C.

Printed Name: _____ Signature: _____ Date _____

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2016 FGP Income Eligibility Levels (Based on 200 percent of DHHS poverty guidelines)				
For Family Units of:				
	1	2	3	4
Income may not exceed:	\$23,760	\$32,040	\$40,320	\$48,600
For family units with more than four members, add \$8,320 for each additional member.				

For Office Use Only	
Total Household Annual Income	
Minus total allowable medical expense deduction	
Equals Total Annual Qualifying Income	
Is the applicant income eligible?	
Name of FGP Staff Reviewer	
Signature of FGP Staff Reviewer	
Date	

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Publicity Authorization

I authorize Head of Start of Rockland. Inc. to utilize any media taken of me during my volunteer assignment as a Foster Grandparent for promotional purposes.

Background Check Consent

I give Head Start of Rockland, Inc. permission to conduct a Criminal National Sex Offender, State-Based, and Federal background check. I understand all information will be confidential and I will be informed of the results. I will also have the opportunity to challenge them should I disagree with the findings.

Future Conviction Notification

I certify that I have never been convicted of a murder or a sex offense of any nature. I agree to immediately notify the Director of the Foster Grandparent Program of Rockland County if I am convicted of any criminal statute.

Medical Authorization

I give Head Start of Rockland, Inc. authorization to receive results of my annual physical examination and any other medical information pertaining to my placement as a Foster Grandparent.

Certification

By signing below I certify that all the information provided in this application is accurate and agree to the above Publicity Authorization, Background Check Consent, Future Conviction Notification, and Medical Authorization.

Applicants Printed Name: _____

Applicants Signature: _____

Date: _____

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