



ALACHUA COUNTY FOSTER GRANDPARENT PROGRAM

Department of Community Support Services

218 SE 24th Street, Gainesville, FL 32641 ♦ Phone: (352) 264-6730 ♦ Fax: (352) 264-6701



Corporation for
**NATIONAL &
COMMUNITY
SERVICE**

After completing the application and have collected all documents, please call the Program Specialist, Megan Lang at (352) 264-6757, for an interview.

Thank you for applying to the Alachua County Foster Grandparent Program!

Name _____ Social Security # _____

Birth Date _____ Age _____ Email _____

Physical Address _____ City _____ Zip _____

Mailing Address (if different from above) _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Gender: Male _____ Female _____ Are you a Veteran? Yes _____ No _____

Race/Ethnic Background: White _____ Asian _____ Black/African-American _____ Hispanic/Latino _____
Multi-Racial _____ American Indian/Alaska Native _____ Native Hawaiian/Pacific Islander _____ Other _____

Have you ever been convicted of a **criminal offense, felony or misdemeanor**? Yes _____ No _____

If Yes, please provide an explanation of charges, date of offense, and status of the charges _____

FGP provides a mileage reimbursement to volunteers for travel between home and volunteer site. Will you be claiming a mileage reimbursement for travel to and from your volunteer location? Yes _____ No _____

If Yes, is a copy of your proof of auto insurance showing active coverage included? Yes _____ No _____

Were you referred to our office? Yes _____ No _____ If yes, by whom? _____

Emergency Contact _____ Phone _____

The following information will help FGP match you with a volunteer opportunity:

Employment Experience _____

Special Skills/Interests/Languages _____

Volunteer Experience (Current, Past, Preferred) _____

Have you worked with children in any capacity? Schools _____ Childcare Centers _____ Private Childcare _____

Other _____

APPLICATION CONTINUES ON NEXT PAGE



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Income Review

Total number of people living in the Household: _____

Applicant Marital Status: Married ___ Widow(er) ___ Single ___ Divorced ___ Legally Separated ___

Additional Household Members living in the household besides applicant:

Name _____ Birth Date _____ Relation _____

Name _____ Birth Date _____ Relation _____

Name _____ Birth Date _____ Relation _____

Gross Monthly Income (Before deductions/taxes): In all categories below, list all sources of income for the applicant and spouse, if living in the same residence. Please refer to the following page for information on income and medical deductions.

Current Income Source	Applicant's Monthly Income	Spouse's Monthly Income	Total Monthly Income		TOTAL ANNUAL INCOME
Social Security				x 12 mo	
SSI/SSD				x 12 mo	
Pension				x 12 mo	
Veterans Benefits				x 12 mo	
Other Income				x 12 mo	
TOTALS				x 12 mo	

Please note that up to 50% of the maximized qualifying amount can be deducted.

DEDUCTIONS	Applicant Per Month	Spouse Per Month	Total Monthly Deductions		TOTAL ANNUAL DEDUCTIONS
Health Insurance Premiums				x 12 mo	
Prescription Drugs				x 12 mo	
Doctor Visits/Medical Bills				x 12 mo	
Other Allowable Medical Costs				x 12 mo	
TOTALS				x 12 mo	

I certify that the information I have provided is correct and understand that falsification of information may result in ineligibility for the Foster Grandparent Program. *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.*

Applicant Signature _____

Date _____

FOR OFFICE USE ONLY:

Total Annual Income \$ _____ - Total Annual Deductions \$ _____

= **Qualifying Annual Income** \$ _____. Total # in Household: _____

FPL Guidelines for year 2019: 200% of the FPL for _____ people in the HH is \$ _____ annually